

**F23 00000000 4513**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION  
LOVEMUTATION FAITH BASED MINISTRY INC.**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LOVEMUTATION FAITH BASED MINISTRY INC.

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

LOVETTE DOBSON

Name of Person

Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFILE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON

Name of Person

at ( 1 )

Area Code

888-462-3453

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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# APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA

## 1 LOVEMUTATION FAITH BASED MINISTRY INC.

(Name of corporation, must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import or language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

## 2 Wyoming

(State or country under the law of which it is incorporated)

3 \_\_\_\_\_ (FEI number, if applicable)

## 4 07/21/2023

(Date of Incorporation)

## 5 Perpetual

(Date of duration, if other than perpetual)

6 \_\_\_\_\_  
(One first conducted affairs in Florida (if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

## 7 15418 Gopher Trop Place, Sun City Center, FL 33573

(Principal office street address)

\_\_\_\_\_ (Current mailing address, if different)

## 8 Restore divine wisdom and knowledge of natural laws and sovereignty that enhance health and life

(Purposes of corporation authorized in home state or country to be carried out in the state of Florida)

## 9 Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name Viair Myles

Office Address 15418 Gopher Trop Pl

Sun City Center

(City)

Florida 33573

(Zip Code)

## 10 Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Viair Myles

(Registered agent's signature)

## 11 Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]

## A. DIRECTORS

Chairman Name Quinton Mccoy  
 Vice Chairman Address 5830 E 2ND ST  
☒ Director STE 7000 #10512  
☒ President CASPER, WY 82609  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_ Other \_\_\_\_\_

Chairman Name Shaunette Mccoy  
 Vice Chairman Address 5830 E 2ND ST  
☒ Director STE 7000 #10512  
☐ President CASPER, WY 82609  
 Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ Other \_\_\_\_\_

Chairman Name Kayla Mccoy  
 Vice Chairman Address 5830 E 2ND ST  
☒ Director STE 7000 #10512  
☐ President CASPER, WY 82609  
 Vice President \_\_\_\_\_  
☒ Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_ Other \_\_\_\_\_

Chairman Name \_\_\_\_\_  
 Vice Chairman Address \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ Other \_\_\_\_\_

Chairman Name \_\_\_\_\_  
 Vice Chairman Address \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ Other \_\_\_\_\_

Chairman Name \_\_\_\_\_  
 Vice Chairman Address \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ Other \_\_\_\_\_

NOTE: Important Notice Use this attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. \_\_\_\_\_  
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. \_\_\_\_\_  
 (Typed or printed name and capacity of person signing application)

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**STATE OF WYOMING**  
**Office of the Secretary of State**

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I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

**LOVEMUTATION FAITH BASED MINISTRY INC.**

is a  
**Nonprofit Corporation**

formed or qualified under the laws of Wyoming did on **July 21, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001302705**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 28th day of July, 2023 at 1:23 PM. This certificate is assigned ID Number 063307320.



A handwritten signature in cursive script that reads 'Chuck Gray'.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <https://wyobiz.wyo.gov> and following the instructions displayed under Validate Certificate.

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