

700000003382

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

900003220389--6  
-04/24/00--01084--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Time of harvest Ministries, Inc.

SUBJECT: Harvest Time<sup>Ministries</sup> Inc.  
(Proposed corporate name - must include suffix)

~~5/23~~ 5/23

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee &  
Certificate of  
Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Stephanie Nunn  
Name (Printed or typed)

3540 SW Archer Rd #213  
Address

Gainesville, Florida 32608  
City, State & Zip

392 - 1900 Days

352-384-1815

Daytime Telephone number

352-871-3165

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2000 MAY 23 AM 9:01

FILED

W-10920

AR 5/24

called  
didn't reach  
either #



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 12, 2000

STEPHANIE NUNNE  
3540 S.W. ARCHER ROAD #243  
GAINESVILLE, FL 32608

SUBJECT: HARVEST TIME MINITRIES INC.  
Ref. Number: W00000010920

We have received your document for HARVEST TIME MINITRIES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6925.

Angela Revell  
Document Specialist

Letter Number: 200A00022808

FILED

2000 MAY 23 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

### ARTICLE I NAME

The name of the corporation shall be:

Time of Harvest Ministries Inc

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3540 SW Archer Rd # 243  
Gainesville, Florida 32608

### ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

To give hope and feed empty stomachs  
in and surrounding communities.

### ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

The Method of Election of Directors is as stated in our Bylaws

### ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Stephanie Nenne  
3540 SW Archer Rd # 243  
Gainesville, FL 32608

### ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Stephanie Nenne  
3540 SW Archer Rd # 243  
Gainesville, FL 32608

Stephanie Nenne  
Signature/Incorporator

2-25-00

Date

(An additional article must be added if an effective date is requested.)

# 352-871-3165

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Stephanie Nenne  
Signature/Registered Agent

2-25-00

Date