

N05000002679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

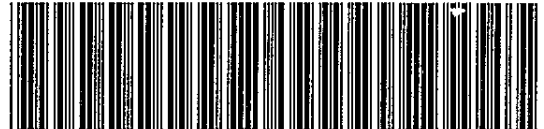
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

05 MAR -8 PM 2:09

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3-16-05

TRANSMITTAL LETTER

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

SUBJECT: Simmie Williams Ministries, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: Simmie Williams
Name (Printed or typed)

146 Ave C
Address

Port St Soc FL 32456
City, State & Zip

850-527-8212
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Ministries
Jimmie L. Williams Ministries, INC

ARTICLE II PRINCIPAL OFFICE

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

146 Ave C
Port St Joe, FL 32456

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Religious

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The director are appointed

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Jimmie Williams 146 Ave C Port St. Joe, FL 32456 President
Sheranda Bryant 85 Fieldview Ln, Edvinston, Ga 30016 Vice President
Evangela Souviera 1007 Viriangs Ave, Clewiston, FL 33440

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Jimmie L. Williams
146 Ave C
Port St. Joe, FL 32456

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jimmie L. Williams
146 Ave C
Port St Joe, FL 32456

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


Signature/Registered Agent

3-4-05
Date


Signature/Incorporator

3-7-05
Date

FILED
05 MAR -8 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA