

NO60000001379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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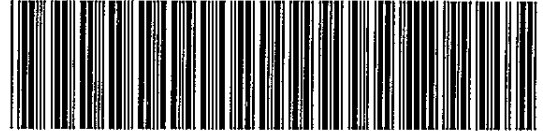
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Hope OF Destiny Ministry 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: PAUL Foxworth
Name (Printed or typed)
825 Turtle Creek Dr N
Address
Jacksonville FL 32218
City, State & Zip
904-714-4476
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:

Hope of Destiny Ministry Inc

ARTICLE II PRINCIPAL OFFICE

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

825 Turtle Creek Dr N
JACKSONVILLE FL 32218

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Church religious service

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

By voting and direction from God

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

PAUL Foxworth Pastor
Denise Foxworth Elder

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

825 Turtle Creek Dr N PAUL Foxworth
JACKSONVILLE FL 32218

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

825 PAUL Foxworth
825 Turtle Creek Dr N
JACKSONVILLE FL 32218

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.

Paul Foxworth
Signature/Registered Agent

2-4-06
Date

Paul Foxworth
Signature/Incorporator

2-4-06
Date

FILED
06 FEB-6 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA