

**N06000005392**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

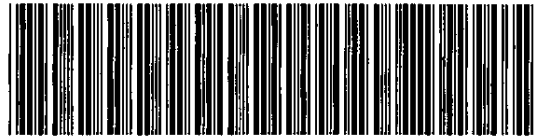
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**FILED**  
06 MAY 16 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** God's Keepsake 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:** Sylvia Jackson-Hamilton, Ph.D.  
Name (Printed or typed)

PO Box 2184  
Address

West Palm Beach, Fl. 33402-2184  
City, State & Zip

561-493-6135 or 561-818-3360  
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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

God's Keepsake Ministries, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

2543 Maniki Dr., Riviera Beach, FL 33407

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Church, Church Ministries, Domestic Violence and Teen Youth Dating Violence Outreach  
Workshops and Homeless youth and Adults Workshops and Information Dissemination/Services;  
Strengthening Marriages Workshops/Services

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Appointed by the President/Founder

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

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

Sylvia Jackson-Hamilton, Ph.D., President/Founder  
Kevin Jackson-Hamilton, Executive Vice President & Systems Administrator  
Dee Foster, Secretary & Treasurer

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Sylvia Jackson-Hamilton, Ph.D.  
2543 Maniki Dr, Riviera Beach, FL 33407

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Sylvia Jackson-Hamilton, Ph.D.  
2543 Maniki Dr., Riviera Beach, FL 33407

\*\*\*\*\*  
*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.*

Sylvia Jackson-Hamilton, Ph.D.  
Signature/Registered Agent

5/15/06  
Date

Sylvia Jackson-Hamilton, Ph.D.  
Signature/Incorporator

5/15/06  
Date