N07000002474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stinson MAR 09 2007

COVER LETTER

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

SUBJECT: Victory Network 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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: Dorothy Raines
Name (Printed or typed)

1221 My-OH-My Ln.
Address

Tallahassee Fla 32305
City, State & Zip

858-264-7956
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:

Jehovah Jirah Ministry Inc.

ARTICLE II PRINCIPAL OFFICE

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

Pl. of Bus. 9561 Capitolard Tall. Fla, 32317

Mailing - 1221 my-oh-my Ln. Tall. Fl. 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Transitional Housing | Homeless Shelter

TO teach how to live independent before transitioning to the community.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

elected by Director, Social worker Boardmembers

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Director - Dorothy Raines 1221 my-oh-my Ln. Tall. Fl 32305

Social worker Willie Mcmillan

Calvin Dawkins - Rt.1 Box 1291 Chatt. 71 32324

Betty J. Bennet. Rt.1 Box 1289 Chatt. 71. 32324

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Dorothy Raines

1221 my-oh-my Ln.

Tall. Fl 32305

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SECRETARY OF STATE

TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Dorothy Raines

1221 - my-oh-my Ln

Tall. Fl 32305

****

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.

Dr. Dorothy Raines — 3-8-07

Signature/Registered Agent — Date

Dr. Dorothy Raines —

Signature/Incorporator — Date