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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 SEP -2 A 9:19

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9-4-08
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COVER LETTER

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

SUBJECT: LORD WILL PROVIDE MILK AND HONEY 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: SAMUEL KOFI DIKSON DOKU
Name (Printed or typed)

1813 GRAND ISLE CIRCLE, #220^B
Address

ORLANDO, FLORIDA 32810
City, State & Zip

407 475 0777
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:

LORD WILL PROVIDE MILK AND HONEY INC.

ARTICLE II PRINCIPAL OFFICE

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

1813 Grand Isle Circle #220B
Orlando, Florida 32810

MAILING ADDRESS.

P.O. BOX 540901
ORLANDO, FLORIDA
32854.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO HELP THE NEEDS OF THE POOR PEOPLE NEEDING HELP.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Elected by the CEO.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

CEO

Samuel DOKU
P.O. BOX 540901, Orlando, FL. 32854

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TALLAHASSEE, FLORIDA

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ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

1813 GRAND ISLE CIRCLE #220B - Samuel DOKU
ORLANDO, FLORIDA 32810.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Samuel DOKU

P.O. BOX 540901
ORLANDO, FLORIDA 32854

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.

S. KADJ: (Samuel Kofi Dickson DOKU)
Signature/Registered Agent

August 14TH, 2008.
Date

S. KADJ: (Samuel Kofi Dickson DOKU)
Signature/Incorporator

August 14TH, 2008.
Date