

N09000000931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

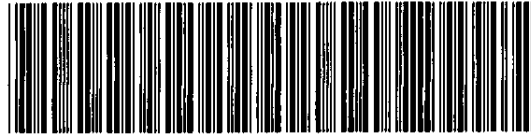
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RECORDS & COMMUNICATIONS
DIVISION
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: _____
(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 MILLS
Name (Printed or typed)
7892 BROKEN OAK DR
Address
SNEADS FL, 32460
City, State & Zip
1-850-209-2023
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

GOD'S INTERVENTION FAITH CENTER MINISTRIES INC.

ARTICLE II - PRINCIPAL OFFICE

The principal street address and mailing address, if different is

7892 BROKEN OAK DRIVE

SNEADS, FL 32460

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is

As A Non-Profit to assist individuals return to society

ARTICLE IV - PURPOSE

The manner in which the directors are elected or appointed

SHALL STATED IN BY-LAWS

ARTICLE V - INITIAL DIRECTORS AND/OR OFFICERS

President / Director **SAMUEL MILLS, 7892 BROKEN OAK DR, SNEADS, FL 32460**

Vice President / Director **SYLVIA MILLS, 7892 BROKEN OAK DR, SNEADS, FL 32460**

Secretary / Treasurer / Director **MARY SPEIGHTS, 2828 BOOKER STREET, MARIANNA, FL 32448**

ARTICLE VI - INITIAL REGISTERED AGENT AND STREET ADDRESS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SAMUEL MILLS

7892 BROKEN OAKS DRIVE

SNEADS, FLORIDA 32460

ARTICLE VII - INCORPORATOR

The name and address of the incorporator is

SAMUEL MILLS

7892 BROKEN OAK DRIVE

SNEADS, FLORIDA 32460

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.

Samuel Mills

Signature / Registered Agent

30 JAN 09

Date

Samuel Mills

Signature / Incorporator

30 JAN 09

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA