

NO90000002089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500144564255

03/03/09--01010--019 \*\*87.50

RECEIVED

09 MAR -3 AM 11:37

DEPT. TREAS. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

09 MAR -3 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. McKnight MAR 03 2009

Am 2/2/09

**COVER LETTER**

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

SUBJECT: \_\_\_\_\_

Divine Blessings, 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: Matthew Smith III and Kathy Smith  
Name (Printed or typed)

7137 Welland Road  
Address

Jacksonville, FL 32209  
City, State & Zip

904-718-4179  
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:

Divine Blessings of Jacksonville, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

7137 Welland Road  
Jacksonville, FL 32209

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ministry

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

As stated in the Bylaws.

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

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

Matthew Smith, III - Pastor  
Kathy Smith - Evangelist  
7137 Welland Road  
Jax., FL 32209

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

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

Matthew Smith III  
7137 Welland Rd Jacksonville Florida 32209

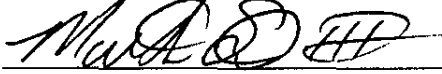
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Kathy Smith  
7137 Welland Road  
Jacksonville, FL 32209

\*\*\*\*\*


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.



Signature/Registered Agent

3-2-09

Date

 Kathy Smith

Signature/Incorporator

3-2-09

Date

**FILED**  
09 MAR - 3 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA