

N090000004357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

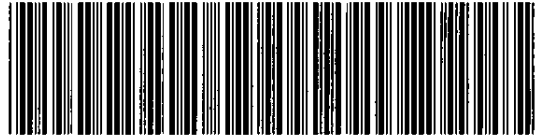
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Alicia Edwards GAVE
AUTHORIZATION BY PHONE TO
CORRECT *Articles II + IV*
DATE *5/4/09*
DOC. EXAM *MRD*

Office Use Only



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05/01/09--01051--023 **87.50

FILED
09 MAY - 1 PM 3:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRD
5/4

COVER LETTER

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

SUBJECT: Loving Arms 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: Alicia D. Edwards
Name (Printed or typed)

3207 E. Paris Street
Address

Tampa, Florida 33610
City, State & Zip

(813) 765-4482
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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Loving Arms Ministries, Inc.

09 MAY -1 PM 3:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

3207 E. Paris Street
Tampa, Florida 33610

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation is organized to provide supportive housing, educational, and vocational services to individuals who are disabled and/or homeless so that they may learn to attain a productive way of life. In the event of a dissolution, assets will be donated/sold to another non-profit organization for a nominal fee.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The directors will be appointed by the founders.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Tjuana Franks	P. O. Box 8237	Tampa, FL 33674	Co-Director
Alicia D. Edwards	3207 E. Paris Street	Tampa, FL 33610	Co-Director
Deborah Thompson	8472 Dunham Station Drive	Tampa, FL 33647	S / D

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Alicia D. Edwards	3207 E. Paris Street	Tampa, FL 33610
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tjuana Franks
P. O. Box 8237
Tampa, FL 33674

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.

Alicia D. Edwards

Signature/Registered Agent

Date

4/28/09

[Signature]

Signature/Incorporator

Date

4-28-09