

N10000009409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

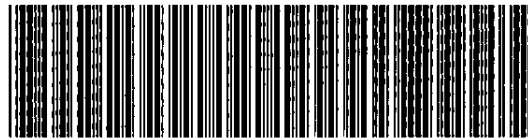
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200185256812

10/04/10--01024--024 **78.75

FILED
2010 OCT -4 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 07 2010

COVER LETTER

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

SUBJECT: Never Forgotten Ministry, 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: Lowell Kim Robinson

Name (Printed or typed)

36404 Lake Unity Rd

Address

Fruitland Park, Florida 34731

City, State & Zip

352-516-9248

36404 Lake Unity Rd
Daytime Telephone number

lkr1@live.com

E-mail address: (to be used for future annual report notification)

FILED
2010 OCT -4 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: **Never Forgotten Ministry, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
36404 Lake Unity Rd
Fruitland Park, Florida 34731

Mailing address, if different is:
36404 Lake Unity Rd
Fruitland Park, Florida 34731

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To make and raise money to give to organizations that support the poor and homeless.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Directors will be appointed by the CEO.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lowell Kim Robinson, CEO
Address: 36404 Lake Unity Rd
Fruitland Park, Florida 34731

Name and Title: Richard Robinson, Director
Address: 913 Gallberry Ct
Bunnell, Florida 32110

Name and Title: Rylan Love, Director
Address: 355 N Shore Circle
St Augustine, Florida 32092

Name and Title: Craig Love, Director
Address: 1775 Margarets Walk Rd
Fleming Island, Florida 32003

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

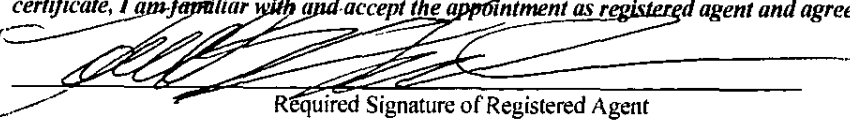
Name: Lowell Kim Robinson
Address: 36404 Lake Unity Rd
Fruitland Park, Florida 34731

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lowell Kim Robinson
Address: 36404 Lake Unity Rd
Fruitland Park, Florida 34731

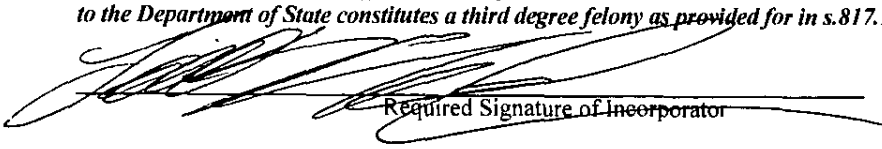
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

10-01-2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature of Incorporator

10-01-2010

Date

FILED
2010 OCT -4 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA