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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 22 PM 2:49

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OCT 25 2010

## COVER LETTER

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

SUBJECT: A-Prodical Son Outreach 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: Elder David S. Burton  
Name (Printed or typed)

28 Duane Dr.  
Address

Crawfordville, FL 32327  
City, State & Zip

850-443-8927  
28 Duane Dr. daytime Telephone number

prodicalsonministries@yahoo.com  
E-mail address: (to be used for future annual report notification)

**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** A-Prodical Son Outreach Ministries Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
28 Duane Dr.  
Crawfordville, Florida 32327

Mailing address, if different is:  
P.O. Box 395  
Crawfordville, Florida 32326

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Church/ Outreach Ministries.

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

By- Laws

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

Name and Title: Elder David S. Burton- President  
Address: 28 Duane Dr.  
Crawfordville, Florida 32327

Name and Title: Michelle L. Burton- Vice President  
Address: 28 Duane Dr.  
Crawfordville, Florida 32327

Name and Title: Devontay R. Winbush -Treasurer  
Address: 28 Duane Dr.  
Crawfordville, Florida 32327

Name and Title: Corwanda Winbush- Secretary  
Address: 28 Duane Dr.  
Crawfordville, Florida 32327

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: David S. Burton  
Address: 28 Duane Dr.  
Crawfordville, Florida 32327

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: David S. Burton  
Address: 28 Duane Dr.  
Crawfordville, Florida 32327

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

David S. Burton

Required Signature of Registered Agent

10/20/2010

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.

David S. Burton

Required Signature of Incorporator

10/20/2010

Date

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TALLAHASSEE, FLORIDA