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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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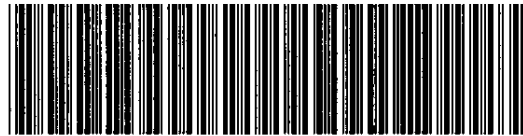
(Business Entity Name)

(Document Number)

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2011 JAN 26 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JAN 27 2011

## COVER LETTER

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

**SUBJECT: SERVING OUR SAVIOR, 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: John W. Bourdeaux

Name (Printed or typed)

3121 W. Bermuda Dunes Dr.

Address

Lecanto, FL 34461

City, State & Zip

352-422-2429

1311 N G Street Tallahassee, FL 32314  
Telephone number

Bourdeaux@mindspring.com

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: Serving Our Savior, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1311 N. Garnett Miller Loop  
Lecanto, FL 34461

Mailing address, if different is:  
3121 W. Bermuda Dunes Dr.  
Lecanto, FL 34461

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To distribute food and clothing to poor people.

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

By volunteering to serve initially and approval of those directors subsequently.

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

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: John Bourdeaux  
Address: 3121 W. Bermuda Dunes Dr.  
Lecanto, FL 34461

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: John Bourdeaux  
Address: 3121 W. Bermuda Dunes Dr.  
Lecanto, FL 34461

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*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*

John W Bourdeaux  
Required Signature of Registered Agent

01/18/2011  
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.*

John W Bourdeaux  
Required Signature of Incorporator

01/18/2011  
Date