

N11000002731

(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:

**CALLER INCORPORATOR
FOR PERMISSION TO
ALTER ARTICLE IV
K 03/16/11**

Office Use Only



600197642856

03/14/11--01026--002 **87.50

**FILED
11 MAR 14 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

K 03/16/11

COVER LETTER

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

SUBJECT: Gateway to God's 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: Lani Ruffolo
Name (Printed or typed)

P.O. Box 3561
Address

Jacksonville FL 32206
City, State & Zip

904 887-4352
Daytime Telephone number

sweet.leilani@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

The name of the corporation shall be: Gateway to God's Blessings' Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1445 Steele St.
Jacksonville, Florida 32209

Mailing address, if different is:
P.O. Box 3561
Jacksonville, Florida 32206

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To establish gateways for all people to enter through to receive the blessings of God. To develop a food pantry, activity center, thrift store and school. To provide counseling, financial assistance, job opportunities and temporary housing.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Elected and appointed by initial officers

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lani Ruffolo (president)
Address: P.O. Box 3561
Jacksonville, FL 32206

Name and Title: _____
Address: _____

Name and Title: Joshua Ruffolo (vice-pres)
Address: P.O. Box 3561
Jacksonville, FL 32206

Name and Title: _____
Address: _____

Name and Title: Tamesha Coates (sec/tr)
Address: P.O. Box 3561
Jacksonville, FL 32206

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: Lani Ruffolo
Address: 1454 Steele St.
Jacksonville, FL 32209

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lani Ruffolo
Address: 1454 Steele St.
Jacksonville, FL 32209

FILED
11 MAR 14 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Lani Ruffolo

Required Signature of Registered Agent

3-10-11

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.

Lani Ruffolo

Required Signature of Incorporator

3-10-11

Date