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| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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CEPART COLT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

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COVER LETTER

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

| SUBJECT: Audacity To Hope Ministries, Inc. | | | | | |
|---|--|--|--|--|--|
| (PROPOSED CORPORATE N | NAME – <u>MUST INCLUDE SUFFIX</u>) | | | | |
| Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for : | | | | | |
| \$70.00 \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy & Certificate ADDITIONAL COPY REQUIRED | | | | |
| FROM: Elder DeLoris E. Myrick Name (Printed or typed) | | | | | |
| 1313 Maude Street | | | | | |
| Tallahassee, FL 32310 City, State & Zip | | | | | |
| (850)891-1834 1313 Maulian Since Telephone number | | | | | |

ordermystepsdm@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)

| <u>ARTICLE I</u> | NAME Audacity To Hope Mini | stries, Inc. | FILED | | |
|--|--|--------------------|--|--|--|
| The name of the o | corporation shall be: | • | TILEU | | |
| ARTICLE II | PRINCIPAL OFFICE | | 11 MAR 30 PM 4: 46 | | |
| | Principal street address | | Mailing address, if different is: | | |
| | 1313 Maude Street | _ | SECRETARY OF STATE | | |
| | Tallahassee, Florida | | IALLAHASSEE FIELD. | | |
| | | _ | | | |
| ARTICLE III | PURPOSE | | | | |
| The purpose for | which the corporation is organized is: | | | | |
| Audacity To | Hope Ministries is a non-profit outread | h organizatio | n that reaches out to youth, seniors | | |
| and families to help re-establish hope to its patrons through careful and coordinated resources of | | | | | |
| | sitive living, and spiritual growth and e | • | | | |
| Wom.000, po | onivo nving, and opinion grown and o | g | • | | |
| ARTICLE IV | MANNER OF ELECTION The manner in | which the director | s are elected and appointed: | | |
| The initial bo | pard of directors shall be appointed by | the president | t. | | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRECTO | <u>RS</u> | | | |
| Name and | Title: Elder DeLoris E. Myrick. President | | ::Loretta Harrell, Secretary | | |
| Address: | 1313 Maude Street | _ Address: | 4242 Highbridge Road | | |
| | Tallahassee, Florida 32310 | - | Quincy, Florida 32351 | | |
| | | _ | | | |
| Name and | litle: Jeanette Lindsey, Treasurer | Name and Title | e: | | |
| Address: | 2780 Wade Trail | | | | |
| | Tallahassee, Florida | _ | | | |
| | | _ | | | |
| Name and f | Fiel | Nome and Title | . . | | |
| Name and Address: | Title: | A .dd | | | |
| Address. | - | _ Address. | | | |
| | | _ | | | |
| | | - | | | |
| ARTICLE VI | REGISTERED AGENT | | . • | | |
| | orida street address (P.O. Box NOT acceptable) of | the registered age | ent is: | | |
| Name: Add re ss: | Elder DeLoris E. Myrick | - | | | |
| Address: | 1313 Maude Street Tallahassee, Florida, 32310 | _ | | | |
| | Talialiassee, Fluilua 52510 | - | | | |
| | | _ | | | |
| ARTICLE VII | INCORPORATOR | | | | |
| | Idress of the Incorporator is: | | | | |
| Name: | Elder DeLoris E. Myrick | _ | | | |
| Address: | 1313 Maude Street Tallahassee, Florida 32310 | - | | | |
| | Talianassee, Florida 52510 | _ | | | |
| | | _ | | | |
| | | | stated corporation at the place designated in this | | |
| certificate, yam f | amiliar with and accept the appointment as register | ed agent and agre | ee to act in this capacity | | |
| x [.//. | 1/(//X/X/ | 11.54 | 3/22/00/1 | | |
| News | Ale Yaris J.//U | New X | 0/00/00// | | |
| , , | Required Signature of Registered Agent | / | Date | | |
| I submit this doe | was and affirm that the facts and have | use I am ausane d | eat any false information submitted in a document | | |
| 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 follows provided for in s.817.155, F.S. | | | | | |
| July | . of same equisiones a unit a degree growy as propul | / · / | , / / | | |
| MADE | Alle- Med XV MIL | KelCH) | 7/3//2011 | | |
| · · · · · · · · | Required Signature of Incorporator | | Date | | |