

N110000004574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

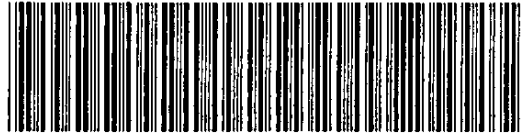
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY -9 PM 1:37

FILED

COVER LETTER

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

SUBJECT: DANIEL LEVISTON MINISTRIES CORPORATION
(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: DANIEL LEVISTON
Name (Printed or typed)

4319 NW 60TH TERRACE
Address

GAINESVILLE, FL 32606
City, State & Zip

(352) 375-7772
4319 NW 60TH TERRACE Phone number

levisweeps@aol.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be:

DANIEL LEVISTON MINISTRIES CORPORATION

11 MAY -9 PM

ARTICLE II PRINCIPAL OFFICE

Principal street address

4319 NW 60TH TERRACE

GAINESVILLE, FL 32606

Mailing address, if different is:

PO Box 5993

GAINESVILLE, FL 32627

SECRETARY OF
TALLAHASSEE FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE SPIRITUAL ENRICHMENT FOR THE WHOLE MAN WHICH INCLUDES SPIRITUAL, PHYSICAL, MENTAL, SOCIAL, AND FINANCIAL AREAS. THIS WILL BE DONE BY PREACHING AND TEACHING THE UNCOMPROMISED WORD OF GOD.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

BY VOTE OF THE MEMBERS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DANIEL LEVISTON, PRESIDENT

Address: 4319 NW 60TH TERRACE

GAINESVILLE, FL 32606

Name and Title: _____

Address: _____

Name and Title: RENA LEVISTON, VICE PRESIDENT

Address: 4319 NW 60TH TERRACE

GAINESVILLE, FL 32606

Name and Title: _____

Address: _____

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: DANIEL LEVISTON

Address: 4319 NW 60TH TERRACE

GAINESVILLE, FL 32606

ARTICLE VII INCORPORATOR

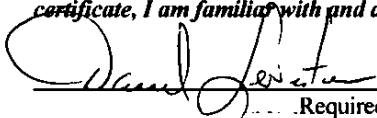
The name and address of the Incorporator is:

Name: DANIEL LEVISTON

Address: 4319 NW 60TH TERRACE

GAINESVILLE, FL 32606

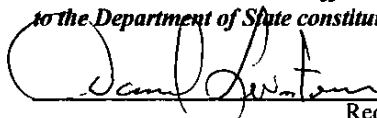
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

May 5, 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.



Required Signature of Incorporator

May 5, 2011
Date