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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV 28 PM 4:55

Ps 11/29/11

## COVER LETTER

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

**SUBJECT:** One Way Ministries, Corp.

(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:** Sean McClafferty

Name (Printed or typed)

42 Grand Myrtle Dr.

Address

Ponte Vedra, FL 32081

City, State & Zip

724-854-9987

Daytime Telephone number

seantink@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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME** One Way Ministries, Corp.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
42 GRAND MYRTLE DR.  
Ponte Vedra, FL 32081

11 NOV 28 PM 4:55  
Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of One Way Ministries, Corp. is to provide services of beautification and restoration, in St. John's, Duval, and Flagler Counties in Florida.

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

Directors are chosen by the majority vote of existing Directors and pertinent by laws.

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

Name and Title: Sean McClafferty  
Address: 42 Grand Myrtle Dr.  
Ponte Vedra, FL 32081

Name and Title: Executive Director  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Tammie McClafferty  
Address: 42 Grand Myrtle Dr.  
Ponte Vedra, FL 32081

Name and Title: Director of Operations  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Greg Weitz  
Address: 30 Nantucket Island Ct.  
Ponte Vedra, FL 32081

Name and Title: Director of Finance  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Tammie McClafferty  
Address: 42 Grand Myrtle Dr.  
Ponte Vedra, FL 32081

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sean McClafferty  
Address: 42 Grand Myrtle Dr.  
Ponte Vedra, FL 32081

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

[Signature]  
Required Signature of Registered Agent

11-26-11  
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.

[Signature]  
Required Signature of Incorporator

11/26/11  
Date