

N 11 0000 11237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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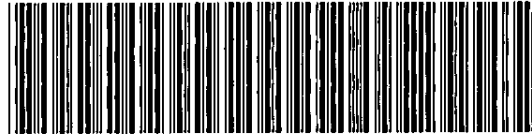
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 06 2011

COVER LETTER

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

SUBJECT: FaithWalk Ministries, 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: Erika L. Brown
Name (Printed or typed)

4063 Buster Road
Address

Tallahassee, FL 32305
City, State & Zip

850-702-4660
Telephone number

gazzarraone@yahoo.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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: FaithWalk Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4063 Buster Road
Tallahassee, FL 32305

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of this corporation is to teach and preach the gospel of Jesus Christ and to provide life skills to women of all ages in an effort to improve self worth and encourage positive community input. It is also to give spiritual guidance to those seeking a better way of living. Reference will be given to the Holy Bible, King James Version.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Directors will be appointed by acceptance of responsibility proposed in written letter form.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marty G. Brown, Advisor
Address: 4063 Buster Road
Tallahassee, FL 32305

Name and Title: _____
Address: _____

Name and Title: Dr. Abraham Johnson, Advisor
Address: 4085 Bothwell Terrace
Tallahassee, FL 32311

Name and Title: _____
Address: _____

Name and Title: Mrs. Virginia Shivers, Chaplain
Address: 4428 Westover Drive
Tallahassee, FL 32308

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: Erika L. Brown
Address: 4063 Buster Road
Tallahassee, FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Erika L. Brown
Address: 4063 Buster Road
Tallahassee, FL 32305

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.

Erika L. Brown

Required Signature of Registered Agent

Date

12/6/11

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.

Erika L. Brown

Required Signature of Incorporator

Date

12/6/11

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TALLAHASSEE, FLORIDA