

N12000000740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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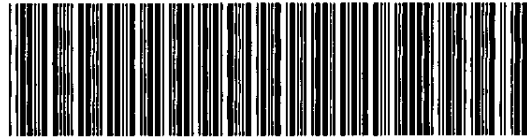
(Business Entity Name)

(Document Number)

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12 JAN 20 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 23 2012

COVER LETTER

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

SUBJECT: Dream Builders Outreach Ministry, Incorporated
(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: Audrey A. Noble
Name (Printed or typed)

886 Angela Drive
Address

Tallahassee, FL 32305
City, State & Zip

850.765.8012
Telephone number

mseagle@covad.net
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: Dream Builders Outreach Ministry, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address
886 Angela Drive
Tallahassee, FL 32305

Mailing address, if different is:
886 Angela Drive
Tallahassee, FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Said corporation is organized for charitable, religious and educational purposes, including, such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501 (c)(3) of the Internal Revenue Service code, or the corresponding section of any future tax code.

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

The members of the Board of Directors shall be elected for a term of 5 years, excluding the Chairman of the Board whose term shall be perpetual. The term shall be computed from their day of election and each member may hold office until the successor has been duly elected and qualified.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Audrey A. Noble, Chairman
Address: 886 Angela Drive
Tallahassee, FL 32305

Name and Title: _____
Address: _____

Name and Title: Jameelah R. Noble, Vice Chairman
Address: 4474 Blue Heron Way
Bladensburg, MD 20710

Name and Title: _____
Address: _____

Name and Title: Cynthia Dupont-Jones, Financial Officer
Address: 6307 Mallard Trace Drive
Tallahassee, FL 32312

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: Cynthia Dupont-Jones
Address: 6307 Mallard Trace Drive
Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Audrey A. Noble
Address: 886 Angela Drive
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


Required Signature of Registered Agent

January 14, 2012
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

January 14, 2012
Date

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12 JAN 20 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA