

N12000005543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

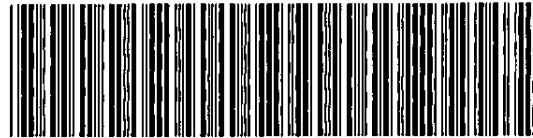
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/04/12--01004--003 **78.75

FILING CANCELLED
RETURNED CHECK

RECEIVED

12 JUN -4 AM 11:28

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

12 JUN -4 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: MICHAEL A. GOINS 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: MICHAEL A. GOINS
Name (Printed or typed)

2330 EASTMEADOWS CT.
Address

LAKELAND FL. 33812
City, State & Zip

863-286-1010
Daytime Telephone number

michaelgoins53@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)

ARTICLE I NAME

The name of the corporation shall be: Michael A. Goins INC.

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address
2330 EASTMEADOWS CT.
LAKE LAND FLORIDA
33812

Mailing address, if different is: 12 JUN - 1 AM 10:59

SECRETARY OF STATE
WILLIAMSBURG, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OUTREACH ministry

**FILING CANCELLED
RETURNED CHECK**

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

AS Stated IN the BY-LAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>DIRECTOR: MICHAEL GOINS</u>	Name and Title: <u>SECRETARY: SHONDA HARRIS</u>
Address: <u>2330 EASTMEADOWS CT.</u>	Address: <u>2330 EASTMEADOWS CT.</u>
<u>LAKE LAND FLORIDA</u>	<u>LAKE LAND FLORIDA</u>
<u>33812</u>	<u>33812</u>

Name and Title: <u>DIRECTOR: Belinda Goins</u>	Name and Title: _____
Address: <u>2330 EASTMEADOWS CT.</u>	Address: _____
<u>LAKE LAND FLORIDA</u>	_____
<u>33812</u>	_____

Name and Title: <u>DIRECTOR: Michelle Holton</u>	Name and Title: _____
Address: <u>2330 EASTMEADOWS CT.</u>	Address: _____
<u>LAKE LAND FLORIDA</u>	_____
<u>33812</u>	_____

ARTICLE VI REGISTERED AGENT

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

Name: Michael A. Goins
Address: 2330 EASTMEADOWS CT.
LAKE LAND FLORIDA
33812

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael A. Goins
Address: 2330 EASTMEADOWS CT.
LAKE LAND FLORIDA
33812

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

Michael A. Goins

Required Signature of Registered Agent

6/4/12
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.

Michael A. Goins

Required Signature of Incorporator

6/4/12
Date