

N12 000006655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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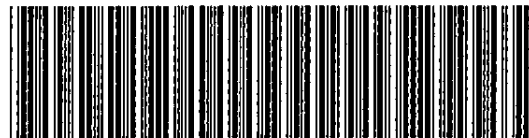
(Business Entity Name)

(Document Number)

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2012 JUL -6 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JUL 09 2012

COVER LETTER

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

SUBJECT: Jiles Smith Outreach Ministry, 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: DEMETRIUS CRANE
Name (Printed or typed)

PO BOX 536872
Address

ORLANDO, FL 32853
City, State & Zip

407-892-3439
Telephone number

INFO@SOLDOUT2CHRIST.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: Jiles Smith Outreach Ministry, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1125 Crawford Avenue
St. Cloud, FL 34769

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
See Attachment

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

Directors appointed as indicated in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rev. Jiles J. Smith, DP
Address: 1125 Crawford Ave.
St. Cloud, FL 34769

Name and Title: _____
Address: _____

Name and Title: Darin Washington, DVP
Address: 1959 Lazy Oak Loop
St. Cloud, FL 34771

Name and Title: _____
Address: _____

Name and Title: Willie Lee Azama, DVT
Address: 3311 NW 202 Street
Miami Garden, FL 33056

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: Jiles J. Smith
Address: 1125 Crawford Avenue
St. Cloud, FL 34769

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jiles J. Smith
Address: 1125 Crawford Avenue
St. Cloud, FL 34769

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TALLAHASSEE, FLORIDA

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

6/20/12
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.


Required Signature of Incorporator

6/20/12
Date

Jiles Smith Outreach Ministry, Inc.

ARTICLE III PURPOSE:

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

This corporation will not attempt to influence legislation as a substantial part of its activities and will not participate at all in campaign for or against political candidates.

In addition, none of the earnings of the corporation will inure to any private shareholder or individual, except for reasonable compensation for services rendered.

If the corporation dissolves, its assets must be distributed for an exempt purpose within the meaning of Section 501(c)(3) of the Internal Revenue Code.

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TALLAHASSEE, FLORIDA