

N12000007553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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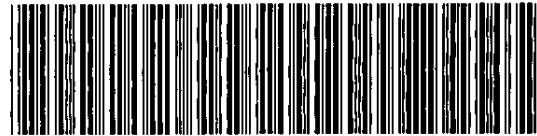
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch AUG 3 2012

## COVER LETTER

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

SUBJECT: Ministry STORM 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: SHAKINAH GLORY  
Name (Printed or typed)

129 Greenln Villas Rd  
Address

Crawfordville FL 32327  
City, State & Zip

(954) 284-4472  
Daytime Telephone number

drshakinahglory@gmail.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:

Ministry STORM Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Ministry STORM inc  
129 Greenlin Villas Rd  
Crawfordville FL 32327

Mailing address, if different is:

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Community Service

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

As stated in the biology

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

Name and Title: Founder / CEO. Shakinah Glory Name and Title: \_\_\_\_\_

Address: 129 Greenlin Villas Rd Address: \_\_\_\_\_  
32327

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: SHAKINAH GLORY  
Address: 129 Greenlin Villas Rd  
CRAWFORDVILLE FL  
32327

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Shakinah Glory  
Address: 129 Greenlin Villas Rd  
CRAWFORDVILLE Rd  
32327

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

John A. Glory

Required Signature of Registered Agent

9/3/12  
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.

Shakinah Glory

Required Signature of Incorporator

9/3/12  
Date