

N12000009747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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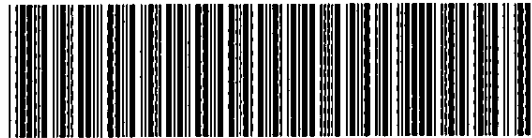
(Business Entity Name)

(Document Number)

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

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 OCT 12 AM 11:40

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## COVER LETTER

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

SUBJECT: Vision worker 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: Marie Bryant  
Name (Printed or typed)

2025 South Monroe Street, Ste. 11  
Address

Tallahassee FL 32301  
City, State & Zip

850 727-3026  
Daytime Telephone number

mariebryant2@hotmail.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**

*Vision Worker Ministries, Inc.*  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
*2023 South Monroe*  
*27*  
*Tallahassee FL 32301*

Mailing address, if different is:  
*2605 Texas Street*  
*Tallahassee, FL 32301*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*ministry*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

*By laws*

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

Name and Title: *Marie Bryant (D)* Name and Title:  
Address: *2023 S Monroe Street* Address:  
*Tallahassee FL*  
*32301*

Name and Title: *Kenneth Bryant Jr (D)* Name and Title:  
Address: *2025 S Monroe Street* Address:  
*Tallahassee FL 32301*

Name and Title: *Ernest McGuff* Name and Title:  
Address: *2025 S Monroe St* Address:  
*Tallahassee FL*  
*32301*

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLE VI REGISTERED AGENT**

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

Name: *Kenneth Bryant*  
Address: *2025 S Monroe St*  
*Tallahassee, FL*  
*32301*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: *Kenneth Bryant*  
Address: *2025 South Monroe Street*  
*Tallahassee FL 32301*

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

*Kenneth Bryant*  
Required Signature of Registered Agent

*10/12/2012*  
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.

*Kenneth Bryant*  
Required Signature of Incorporator

*10/12/2012*  
Date