(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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Office Use Only



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COVER LETTER

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

SUBJECT: Inside Out 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

John Grimes

Name (Printed or typed)

6543 Jammes RD

Address

Jacksonville, FL 32244

City, State & Zip

904.343.1576

Daytime Telephone number

grimesja@comcast.net

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

13 JAN 14 PM L. 1.2

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

	PRINCIPAL OFFICE	
ARTICLE II	Principal street address	Mailing address, if different is:
	6543 Jammes RD	573 Rockingham Rd
	Jacksonville, FL 32244	Orange Park, FL 32073
RTICLE III	PURPOSE	
he purpose for	which the corporation is organized is:	
nside Out M	linistry is a Christ-based nonprofit o	ganization committed to serving ex-offenders and th
		nmitted excellence providing support, mentorship, an
		g full restoration with God, family, and community.
	-	
RTICLE IV		in which the directors are elected and appointed:
irectors are recruited, n		10% of the directors term expires each year, thus is to ensure continuity in the mission and goals of the n
ARTICLE V	INITIAL OFFICERS AND/OR DIREC Title: John Grimes, President	TORS Name and Title:
Address:		Address:
Addiess.	Orange Park, FL 32073	
		Name and Title:
Address:	573 Rockingham RD	Address:
	Orange Park, FL 32073	
Name and	Title: James Leggett, Secertary	Name and Title:
Address:	9086 Berens ST	Address:
	Jacksonville, FL 32210	
<i>RTICLE VI</i>	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable	o) of the registered agent is:
Name:	John Grimes	w Signature
Address:	573 Rockingham RD	-
	Orange Park, FL 32073	
	T177077074707	
RTICLE VII	INCORPORATOR	
	Idress of the Incorporator is:	
Name:	John Grimes	
Address:	573 Rockingham Rd	<u>ー</u>
Orange Park,	Orange Park, FL 32073	 **********************************
		
		ocess for the above stated corporation at the place designated in th
ertificate, I am j	familiar with and accept the appointment as reg	istered agent and agree to act in this capacity
folin a	Required Signature of Registered Age	12/20/2012
	Required Signature of Registered Age	nt Date
	ument and affirm that the facts stated herein as	e true. I am aware that any false information submitted in a docume
submit this doc		
	nt of State constitutes a third degree felony as pr	
the Departmen		ovided for in s.817.155, F.S.