

N13000001503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

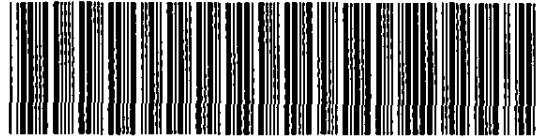
(Business Entity Name)

(Document Number)

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

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DIVISION OF CORPORATIONS  
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13 FEB 14 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MD 2/14

## COVER LETTER

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

SUBJECT: Daily Bread 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: Telia Wilson

Name (Printed or typed)

\_\_\_\_\_  
Address

3103 Bicycle Road #7

City, State & Zip

850-559-2468

Daytime Telephone number

loveandlife333@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: Daily Bread Ministries, Inc

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
3103 Bicycle Rd. #7

Tallahassee, FL 32304

Mailing address, if different is  
P.O. Box 4227

Tallahassee, FL 32315

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, 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. To help the community by enriching minds with information of success, giving aid or assistance to people who are in need and to give temporary shelter to the homeless.

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

The directors are elected using the close ballot system. Directors shall serve a two year term.

*Chairman*

*By the*

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

Name and Title: Telia Wilson, *Chairman* Name and Title: \_\_\_\_\_

Address: 3103 Bicycle Rd #7 Address: \_\_\_\_\_  
Tallahassee, FL 32304

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

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

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

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

(cont.)

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Teila Wilson  
Address: 3103 Bicycle Rd. #7  
Tallahassee, FL 32304

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TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Teila Wilson  
Address: 3103 Bicycle Rd. #7  
Tallahassee, FL 32304

*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/Registered Agent

2/14/13  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

2/14/13  
Date