

N130000005195

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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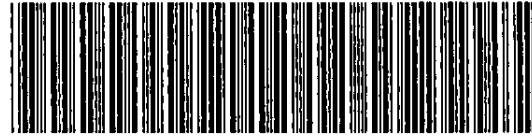
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUN -5 PM 2:07



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2013

PASTOR SCOTT D MCHARDY
1635 LEACH CIR
TITUSVILLE, FL 32780

SUBJECT: NEW BEGINNINGS OUTREACH MINISTRIES INC.
Ref. Number: W13000029395

We have received your document for NEW BEGINNINGS OUTREACH MINISTRIES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith
Regulatory Specialist II

Letter Number: 413A00012579

COVER LETTER

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

SUBJECT: New Beginnings Outreach 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: Pastor Scott D McHardy
Name (Printed or typed)

1635 Leach cir
Address

Titusville, FL 32780
City, State & Zip

321-795-1419
Daytime Telephone number

scott_mchardy@yahoo.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: NEW BEGINNINGS COMMUNITY OUTREACH MINISTRIES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3659 S. Hopkins Ave. Ste E&F

Titusville, Fla.

32780

Mailing address, if different is:

1635 Leach Cir

Titusville, Fla

32780

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Spreading the gospel throughout the community through outreach ministries.

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

As stated in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scott D McHardy President Name and Title: _____

Address: 1635 Leach Cir Address: _____
Titusville, Fla
32780

Name and Title: Sandy McHardy Secretary Name and Title: _____

Address: 1635 Leach Cir Address: _____
Titusville, Fla
32780

Name and Title: Larry Andrews Director Name and Title: _____

Address: P.O. Box 9081 Address: _____
West Palm Bch, Fl
33419

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Pastor Scott D. McHardy

Address: 1635 Leach Cir

Titusville, Fl 32780

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Sandy D. McHardy

Address: 1635 Leach Cir

Titusville, Fl. 32780

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

13 May 13
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

13 May 2013
Date