

N13000006560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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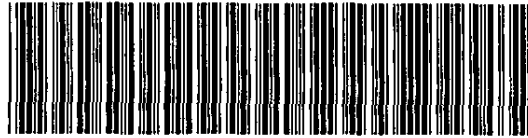
(Business Entity Name)

(Document Number)

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13 JUL 18 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FL 32399

T. Burch JUL 23 2013

COVER LETTER

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

SUBJECT: **Fearless and Wonderfully Made 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

FROM: **Lorna Lawson**
Name (Printed or typed)

2125 NW 206th Street
Address

Miami Gardens, FL 33056
City, State & Zip

786-290-6825
Daytime Telephone number

pearlbluehj@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: Fearless and Wonderfully Made Ministry Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2180 Sherman Circle North Apt 208
Miramar, FL 33025

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A organization that provides seminars, workshops, conferences, counseling sessions, and help to individuals dealing with fear; who desire spiritual guidance which help bring about a new state of mind that will help one overcome his/her fear.

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

As provided in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julia Eudovique/President
Address: 2180 Sherman Circle North
Apt 208
Miramar, FL 33025

Name and Title: Lorna Lawson/Secretary-Treasurer
Address: 2125 NW 206th Street
Miami Gardens, FL 33056

Name and Title: _____
Address: _____

Name and Title: Wilda Matthews/ Member
Address: 10064 Twin Lakes Drive
Coral Springs, FL 33071

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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TALLAHASSEE, FLORIDA

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: Lorna Lawson
Address: 2125 NW 206th Street
Miami Gardens, FL 33056


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TALLAHASSEE, FL 32399

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lorna Lawson
Address: 2125 NW 206th Street
Miami Gardens, FL 33056

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

7/15/13
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

7/15/13
Date