

N13000006646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

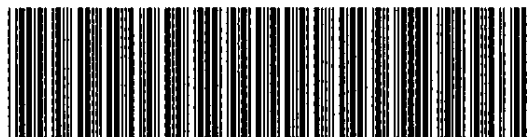
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800247855548

05/14/13--01002--014 \*\*78.75

43-2688-2885-505

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13 JUL 19 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 25 2013

*[Handwritten signature]*

*(Sent in Foreign MP  
which  
should be F1 in MP)*

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Divine Intervention Incorporation  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Mary L. Mitchell

Name of Person

Divine Intervention Incorporation

Firm/Company

745 Hickory Manor Drive

Address

Jacksonville, Florida 32225

City/State and Zip Code

shekeco@comcast.net

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

For further information concerning this matter, please call:

Mary L. Mitchell

Name of Person

at ( 904 ) 673-2230

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee      ☒ \$78.75 Filing Fee & Certificate of Status      ☐ \$78.75 Filing Fee & Certified Copy      ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

May 16, 2013

MARY L. MITCHELL  
745 HICKORY MANOR DRIVE  
JACKSONVILLE, FL 32225

SUBJECT: DIVINE INTERVENTION INCORPRATION  
Ref. Number: W13000028685

We have received your document for DIVINE INTERVENTION INCORPRATION 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 articles of incorporation of a nonprofit corporation must be prepared in compliance with section 617.0202, Florida Statutes. Please refer to that section of the law for assistance.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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.**

Bylaws are not filed with this office. Please retain them for your records.

Please return the corrected original and one copy of 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.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 713A00012252

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I    NAME**

The name of the corporation shall be: Shekeco Divine Intervention Incorporated

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
745 Hickory Manor Drive

Jacksonville, FL 32225

Mailing address, if different is:

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**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: exclusively 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 the  
corresponding section of any future federal tax code. More particularly, to conduct programs and activities,  
mentoring, social services assistance, bullying information prevention, intergenerational educational  
programs for ageing adults and youth, community base services (finding jobs and housing assistance),  
self esteem development program and guidance and education on abuse in children and adults.

**ARTICLE IV    MANNER OF ELECTION** The manner in which the directors are elected and appointed: by a majority vote  
of its members.

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

Name and Title: Mary L. Mitchell/President

Address: 745 Hickory Manor Drive  
Jacksonville, FL 32225

Name and Title: Arthur G. Mitchell/Treasurer

Address: 745 Hickory Manor Drive  
Jacksonville, FL 32225

Name and Title: Kerinne D. Valoroso/Vice President

Address: 745 Hickory Manor Drive  
Jacksonville, FL 32225

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

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

Name and Title: Sherita L. Wright/Secretary

Address: 745 Hickory Manor Drive  
Jacksonville, FL 32225

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

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

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TALLAHASSEE, FL 32399

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:

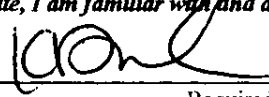
Name: Kerinne D. Valoroso  
Address: 745 Hickory Manor Drive  
Jacksonville, FL 32225

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

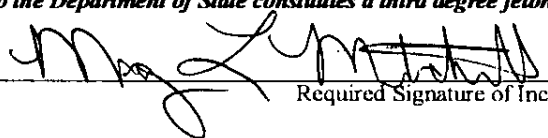
Name: Mary L. Mitchell  
Address: 745 Hickory Manor Drive  
Jacksonville, FL 32225

*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

07/07/2013  
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

07/07/2013  
Date