

N 13000006955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

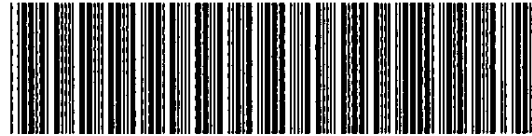
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: Fusion Missions, 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: Sandra G. Kistner

Name (Printed or typed)

13650 Fiddlesticks Blvd, Suite 202-254

Address

Fort Myers, FL 33913

City, State & Zip

727-647-1150

Daytime Telephone number

sandi@fusionmissions.com

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

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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: Fusion Missions, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:
13650 Fiddlesticks Blvd, Suite 202-254
Fort Myers, FL 33913

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Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Mission Statement: "Strategically Engaging Churches with Missions"
by providing training, resources to church leaders to be strategic in the
missions to make a greater impact in the world.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____
Appointed by the President

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sandra G. Kistner/President-Founder
Address: 13650 Fiddlesticks Blvd, Suite 202-254
Fort Myers, FL 33913

Name and Title: Angela M. Brizel/Secretary
Address: 11171 Mahogany Run
Fort Myers FL 33913

Name and Title: Mike Ash/Director
Address: Next Level Church
12400 Plantation Road
Fort Myers, FL 33966

Name and Title: _____
Address: _____

Name and Title: Chelsie Loor/Director
Address: 8568 Pegasus Drive
Lehigh Acres, FL 33971

Name and Title: _____
Address: _____

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:

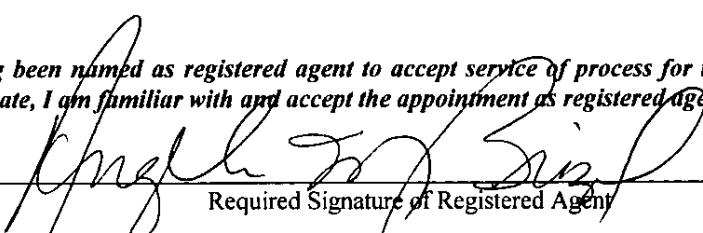
Name: Angela M. Brizel
Address: 11922 Fairway Lakes Drive, Suite 3
Fort Myers, FL 33913

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

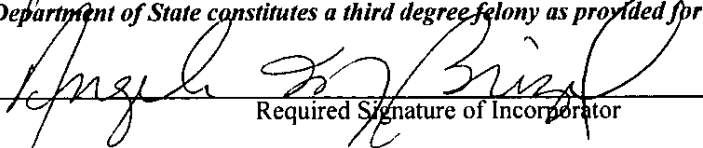
Name: Angela M. Brizel
Address: 11922 Fairway Lakes Drive, Suite 3
Fort Myers, FL 33913

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

7/25/13
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

7/25/13
Date

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