

N13000007392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

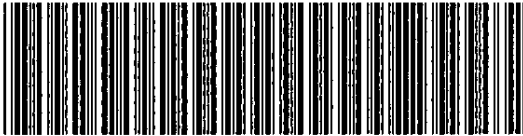
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF STATE CORPORATIONS

8/19

COVER LETTER

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

SUBJECT: Birdella Williams 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: Birdella Williams
Name (Printed or typed)

465 NW 147th Way Apt. 175
Address

Newberry, Fl. 32669
City, State & Zip

352-875-4863
Daytime Telephone number

evangelistbwilliams@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: Birdella Williams Ministry, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
465 NW 147th way Apt 175
Newberry, Fl. 32669

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This is a nonprofit religious organization, we will provide services such as preaching the gospel, performing marriages, funerals, baptism an any other religious duties.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Birdella Williams, President
Address: 465 NW 147th way Apt 175
Newberry Fl. 32669

Name and Title: Scoya Grace, Vice President
Address: 465 NW 147th Way Apt. 175
Newberry, Fl. 32669

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: Birdella Williams

Address: 465 NW 147th way Apt 175
Newberry, Fl. 32669

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Birdella Williams

Address: 465 NW 147th way Apt 175
Newberry, Fl. 32669

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

Birdella Williams
Required Signature of Registered Agent

8/9/2013
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.

Birdella Williams
Required Signature of Incorporator

8/9/2013
Date

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SECRETARY OF STATE
DIVISION OF CORPORATIONS