

N13000007723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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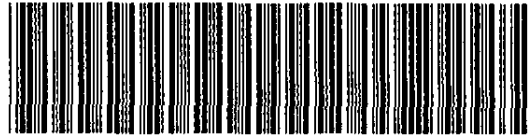
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MRB/  
8/26/13

## COVER LETTER

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

SUBJECT: Covenant Keepers 810 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: Veronica Southward  
Name (Printed or typed)

607 Hickory ave  
Address

Sanford, FL 32771  
City, State & Zip

407-416-7825  
Daytime Telephone number

Whitedove717@hotmail.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: Covenant Keepers 810 ministry Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

607 Hickory ave  
Sanford, Fl. 32771

Mailing address, if different:

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to help youth and families regardless of race by providing the following activities. Life Skills Social Skills, Christian values, Tutoring, Goal Setting Role play, Creativity, Responsibility for their action Positive self image, field trips, food and Clothes.

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

Appointed by President,

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

Name and Title: Veronica Southward Pres Name and Title: Lionel Southward, Treasurer

Address: 607 Hickory ave Address: 607 Hickory ave  
Sanford, Fl. 32771 Sanford, Fl. 32771

Name and Title: \_\_\_\_\_ Name and Title: Shormonique Ware, Secretary

Address: \_\_\_\_\_ Address: 530 Bellhaze ave apt B6  
Deltona, Florida 32725

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

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

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Veronica Southward

Address: 607 Hickory ave  
Sanford, Florida Fla.

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sharmoneque Waul

Address: 530 BellHawee ave apt B6  
Deltona Florida 32725

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

Veronica Southward  
Required Signature of Registered Agent

August 14, 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.

Sharmoneque Waul  
Required Signature of Incorporator

Aug 14<sup>th</sup>, 13  
Date