

N 13000010453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

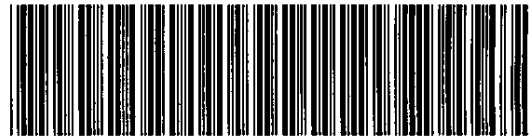
Certified Copies _____ Certificates of Status _____

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W13000055952



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10/07/13--01033--012 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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11/19/13

COVER LETTER

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

SUBJECT: MY FATHER'S TABLE MINISTRIES, INCORPORATED
(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: JUDY JONES
Name (Printed or typed)
6454 SCOTT STREET
Address
PUNTA GORDA, FLORIDA 339
City, State & Zip
(941) 286-8586
Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles.

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2013

JUDY JONES
6454 SCOTT STREET
PUNTA GORDA, FL 33950

SUBJECT: MY FATHER'S TABLE MINISTRIES, INC.
Ref. Number: W13000055952

We have received your document for MY FATHER'S TABLE MINISTRIES, INC. 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 purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 413A00023614

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DIVISION OF CORPORATIONS

EFFECTIVE DATE 01/01/14 ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: MY FATHER'S TABLE MINISTRIES, INC.

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DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6454 SCOTT STREET
PUNTA GORDA, FLORIDA 33950

Mailing address, if different is: SAME

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE CHRISTIAN MINISTRIES.

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: Judy Jones, President
Address: 6454 Scott Street
Punta Gorda, Florida 33950

Name and Title: Ollie Coleman, Secretary
Address: 6454 Scoot Street
Punta Gorda, Florida 33950

Name and Title: Linda Jones, Vice-President
Address: 6454 Scott Street
Punta Gorda, Florida 33916

Name and Title: _____
Address: _____

Name and Title: Robin Questel, Treasurer
Address: 6454 Scoot Street
Punta Gorda, Florida 39950

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: Judy Jones

Address: 6454 Scott Street
Punta Gorda, Florida 33950

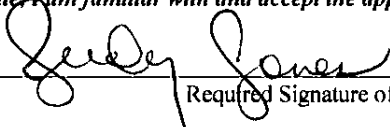
ARTICLE VII INCORPORATOR

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

Name: Judy Jones

Address: 6454 Scoot Street
Punta Gorda, Florida 33950

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

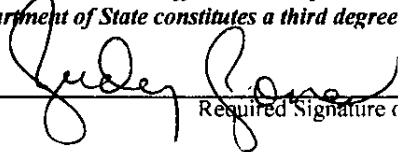


Required Signature of Registered Agent

01/01/2014

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

01/01/2014

Date

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SEC. OF STATE
DIVISION OF CORPORATIONS
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MEMO;

TO: Sec. Of State

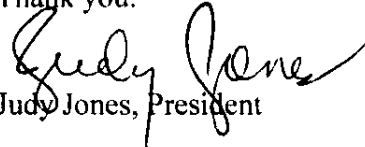
From: JUDY JONES/ 'S TABLE MINISTRIES, INC.

DATE: 10/23/2013

RE: Effective Date:

The effective date for the My Father's Table Ministries, Inc. Shall be January 1 2014.

Thank you.



Judy Jones, President

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA