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DIVISION OF CORPORATION
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10 ACKNOWLEDGE
SUFFICIENCY OF FILING

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED
AND
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YMD 11/25

COVER LETTER

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

SUBJECT: Roses of Sharon Christian Ministries, 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: Rev. Sharon A. Warren
Name (Printed or typed)

P.O. Box 134
Address

Lee, Florida 32059
City, State & Zip

(850) 673-9842
Daytime Telephone number

rosesofsharonministries@gmail.com
Warren.SharonA@gmail.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: Roses of Sharon Christian Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2439 N.E. Cornsilk Dr.
Lee, Florida 32059

Mailing address, if different is:

P.O. Box 134
Lee, Florida 32059

SECRET
STATE
CLERK
OFFICE

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose for which this
corporation is organized is to minister the word of God
to the people.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The manner
in which the directors are elected and appointed is by vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rev. Sharon A. Warren Name and Title: _____

Address: 2439 N.E. Cornsilk Dr. Address: _____

Lee, Florida 32059

Founder - CEO

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ 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: Rev. Sharon A. Warren

Address: 2439 N.E. Cornsilk Dr.

Lee, Florida 32059

STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rev. Sharon A. Warren

Address: 2439 N.E. Cornsilk Dr.

Lee, Florida 32059

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

Rev. Sharon A. Warren

Required Signature of Registered Agent

11-25-2013

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.

Rev. Sharon A. Warren

Required Signature of Incorporator

11-25-2013

Date