

N1300001119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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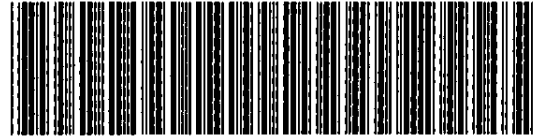
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC 13 PM 12:41

Ps 12/16/13

COVER LETTER

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

SUBJECT: **Dakotah Hope 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: **Herschel Andrew Shirley**
Name (Printed or typed)

12905 CR 39 South
Address

Lithia, FL 33547
City, State & Zip

813-654-7102
Daytime Telephone number

andy@hasinspections.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: Dakotah Hope Ministries, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:

12905 CR 39 South

Lithia, FL 33547

Mailing address, if different is:

same

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to share the Gospel of Christ with
Native Americans in America through church planting and short
term mission events

ARTICLE IV MANNER OF ELECTION

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Herschel Andrew Shirley, Director

Address: 12905 CR 39 South

Lithia, FL 33547

Name and Title: _____

Address: _____

Name and Title: Sandra Shiver Shirley, Assist. Director

Address: 12905 CR 39 South

Lithia, FL 33547

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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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: Herschel Andrew Shirley
Address: 12905 CR 39 South
Lithia, FL 33547

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Herschel Andrew Shirley
Address: 12905 CR 39 South
Lithia, FL 33547

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

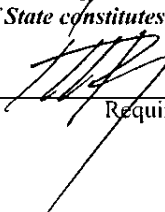


Required Signature of Registered Agent

12/9/13

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

12/9/13

Date