N13000011119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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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)

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ARTICLE I NAME

The name of the corporation shall be: Dakotah Hope Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
12905 CR 39 South
Lithia, FL 33547

Mailing address, if different is:
same

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:

Name and Title: _____ Name and Title: _____

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DIVISION OF CORPORATIONS
13 DEC 13 PM 12:42

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

_____ 12/9/13
Required Signature of Registered Agent 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.

_____ 12/9/13
Required Signature of Incorporator Date