

11/40000852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

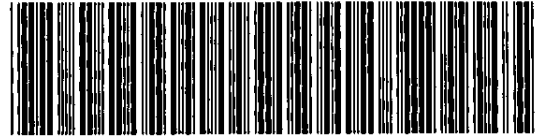
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JAN 21 PM 12:49

*[Handwritten signature]*  
1-27-14

## COVER LETTER

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

SUBJECT: NEW YOU 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: Odette Richards-Turpin  
Name (Printed or typed)

2387 Ring Rd

Address

Spring Hill, FL 34609

City, State & Zip

(813) 900-2997

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.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I    NAME**

The name of the corporation shall be: NEW YOU MINISTRY, INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:

2387 RING RD

SPRING HILL, FL 34609

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: As a non-profit corporation, New You Ministry, Inc.  
shall operate exclusively for religious, educational and charitable purposes within the meaning of  
Section 501 (c)(3) of the Internal Revenue Code, or the corresponding section of any future Federal tax code.  
Notwithstanding anything herein to the contrary, the purposes of this corporation are limited exclusively  
to exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.

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

As specified in the corporation's bylaws.

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

Name and Title: ODETTE RICHARDS-TURPIN, PRESIDENT

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

Address: 2387 RING RD  
SPRING HILL, FL 34609

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

Name and Title: APRIL ANDERSON, TREASURER

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

Address: 8512 N MULBERRY ST  
TAMPA, FL 33604

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

Name and Title: OLIVE RICHARDS, SECRETARY

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

Address: 9192 GENEVA ST  
SPRING HILL, FL 34608

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JAN 21 PM 12:49

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

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

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

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

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\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ODETTE RICHARDS-TURPIN

Address: 2387 RING RD  
SPRING HILL, FL 34609

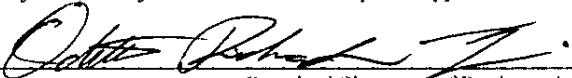
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ODETTE RICHARDS-TURPIN


Address: 2387 RING RD  
SPRING HILL, FL 34609

*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

01-16-2014  
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

01-16-2014  
Date