

N14000001197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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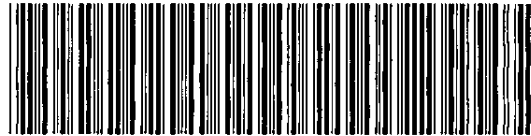
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF REGISTRATION

14 FEB 10 PM 3:15
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APPROVED
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(MD) 2/10

COVER LETTER

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

SUBJECT: Remember Me Prison 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: Andrea Ford
Name (Printed or typed)

1612 Arizona Street
Address

Tallahassee FL 32304
City, State & Zip

404-431-6038
Daytime Telephone number

tford912@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: Remember Me Prison Ministry, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1612 Arizona Street
Tallahassee, FL 32304

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of our not for profit
agency is to work with those incarcerated and their families
to assist in developing a stronger relationship with Christ. Using
the Bible as the foundation, we will meet with inmates to study and
share the word of God, as well as, strengthen their relationship
with family. We will be available for families interested in studying
the Bible and Christian doctrine.

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: Andrea Ford CEO Name and Title: Tishana Lamb-Evans Secretary

Address: 1612 Arizona Street Address: 78 Sand Pine Circle
Tallahassee, FL 32304 Midway, FL 32343

Name and Title: Taquillia Robinson CFO Name and Title: _____

Address: 2446 Atlas Rd Address: _____
Tallahassee, FL 32303

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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STATE

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ARTICLE VI
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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: Andrea Ford

Address: 1612 Arizona St
Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Andrea Ford

Address: 1612 Arizona St
Tallahassee, FL 32304

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

Andrea Ford
Required Signature of Registered Agent

2/10/2014
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.

Andrea Ford
Required Signature of Incorporator

2/10/2014
Date