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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

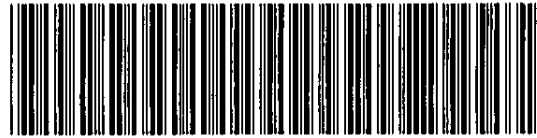
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14 FEB 26 PM 4:36

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AND
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COVER LETTER

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

SUBJECT: Abundant Grace 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: Loretha Brown
Name (Printed or typed)

2863 Barnes Street
Address

Marianna, FL 32448
City, State & Zip

(850) 573-1590
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:

Abundant Grace Ministries, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2863 Barnes Street

Marianna, Fl. 32448

Mailing address, if different is:

Same

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14 FEB 25 PM 4:36
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Help relieve pressures
of the disadvantaged via developing
programs and service assistance in areas
of clothing, food, health, education, spiritual
housing & economics.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

According to bylaws appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Joseph Byron Deke SR.

Name and Title:

President/Director

Address:

2102 Oscar Helms Rd.

Address:

Gordon, Ala 36343

Name and Title:

Coba Beasley

Name and Title:

Vice President/Director

Address:

2540 Lake Shore Dr.

Address:

Marianna, Fl. 32446

Name and Title:

Loretta Brown

Name and Title:

Secretary/Director

Address:

2863 Barnes St.

Address:

Marianna, Fl 32448

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:

Loretha Brown

Address:

2863 Barnes St.

Marianna, Fl. 32448

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STATE
OF FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Loretha Brown

Address:

2863 Barnes St.

Marianna, Fl. 32448

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

Loretha Brown

Required Signature of Registered Agent

2/26/14
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.

Loretha Brown

Required Signature of Incorporator

2/26/14
Date