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(Re	equestor's Name)			
(Ac	idress)			
(Ac	idress)			
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:]		





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SECRETARY OF STATE STONE SECRETARY OF CORPORATIONS

2/14 m

COVER LETTER

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

SUBJECT: Feed My Sheep Outreach 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

\$87.50

& Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Connie Farmer

Name (Printed or typed)

6510 Blue Grosbeak Circle

Address

Bradenton, FL 34202

City, State & Zip

941-302-5044

Daytime Telephone number

cfarmerplus2@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)

The name of th	e corporation shall be: Feed My She	ep Out	reach inc.	
ARTICLE II	PRINCIPAL OFFICE			
98	Principal <u>street</u> address:		Mailing address, if different is: PO Box 110642	
Pa	rrish, Florida 34219	/	Bradenton, Florida 3421	1
Our purpo	or which the corporation is organized is: ose is to expand this mission to e fight against physical needs so	uch as hi	unger, homelessness and em	otional needs.
Bridging	the gap and restoring dignity a	and self-	worth through education ar	nd resourcing.
We believe	e God is using us as a vessel to h	nelp resto	re hope, to impart knowledge,	and to be a life
giving re	source to a world in need.			····
ARTICLE I	By President in accordance with	Name and Address:	ws	FILED STATE VISION OF CONFORMATIONS 14 MAR - 7 PM 3: 11
Address	4111 Day Bridge Place Ellenton, Florida 34222	Address:	Inte:	
Name and Title	Connie Farmer Admin/Director 6510 Blue Grosbeak Circle Bradenton, Florida 34202		Fitle:	

ments.					
Name and Title:	e: Name and Title:				
Address _	Address:				
	•				
_					
Name and Title:_	Name and Title:				
Address	Address:				
_					
_					
ARTICLE VI The name and Flo	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the registered agent is:				
Name:	Connie Farmer				
Address:	6510 Blue Grosbeak Circle				
Address:	Bradenton, Florida 34202				
	Diddonton, Florida 04202				
ARTICLE VII	INCORPORATOR				
The name and ad	address of the Incorporator is:				
Name:	Mark Williams				
Address:	9857 50th St. Circle BAST				
	Parrish, Florida 34219				
	med as registered agent to accept service of process for the above stated corporation at the place des	ignated in this			
ceruficate, I am fa	familiar with and accept the appointment as registered agent and agree to act in this capacity				
	Required Signature of Registered Agent Z127114	<u>. </u>			
	Required Signature of Registered Agent Date				
	cument and affirm that the facts stated herein are true. I am aware that any false information submitted	in a document			
w ine Department	nt of State constitutes of third degree felony as provided for in s.817.155, F.S.				
	Required Signature of Incompositor	<u>L</u>			
	Required Signature of Incorporator Date	•			