

NT14000003775

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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W44000003775  
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## COVER LETTER

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

SUBJECT: **Kingdom Awareness 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: **ALONZO JONES**

Name (Printed or typed)

**3604 SPRING LAND DR**

Address

**ORLANDO, FLORIDA 32818**

City, State & Zip

**1-313-523-3437**

Daytime Telephone number

**drjones1029@gmail.com**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 10, 2014

ALONZO JONES  
3604 SPRING LAND DR  
ORLANDO, FL 32818

SUBJECT: KINGDOM AWARENESS MINISTRIES, INC.  
Ref. Number: W14000022898

We have received your document for KINGDOM AWARENESS MINISTRIES, INC. and your check(s) totaling \$79.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please submit only "1" set of Articles of Incorporation. Either you may use our form or submit the one you had typed up, but both can not be used.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain  
Regulatory Specialist II

Letter Number: 314A00007717

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

**ARTICLE I      NAME**

The name of the corporation shall be: Kingdom Awareness Ministries, Inc.

**ARTICLE II      PRINCIPAL OFFICE**

Principal street address:  
3604 SPRING LAND DR

ORLANDO, FLORIDA 32818

1-313-523-3437

Mailing address, if different is: \_\_\_\_\_

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is: The Kingdom Awareness Ministries is a non-profit community based organization that will provide services to the whole community in Florida.  
KAM will provide Spiritual Fellowship for all people, to insure that no one person is left behind, no matter their creed, color, race, or gender on their spiritual journey.  
We shall diligently work to fulfill the great commission of Christ to go into the entire world offering spiritual awareness, education, feeding the hungry, clothing for those in need and providing housing opportunities for the homeless.

**ARTICLE IV      MANNER OF ELECTION** The manner in which the directors are elected and appointed: Annual elections  
shall be held within the quorum majority of the general local body of parishioners.

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

Name and Title: Alonzo Jones, Chairman  
Address: 3604 SPRING LAND DR  
ORLANDO, FL 32818

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

Name and Title: Keith Adkins, Vice-Chairman  
Address: 1604 N. POWERS DR  
ORLANDO, FL 32818

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

Name and Title: Michael Christian, Secretary  
Address: 301 East 14th Street  
Apopka, FL 32703

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 APR 18 PM 2:14

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

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

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\_\_\_\_\_  
\_\_\_\_\_

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: Alonzo Jones

Address: 3604 SPRING LAND DR  
ORLANDO, FL 32818

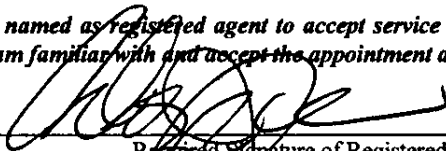
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alonzo Jones

Address: 3604 SPRING LAND DR  
ORLANDO, FL 32818

*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*

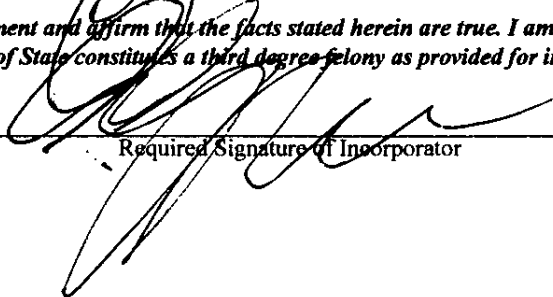


\_\_\_\_\_  
Required Signature of Registered Agent

4-2-14

\_\_\_\_\_  
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.*



\_\_\_\_\_  
Required Signature of Incorporator

4-5-14

\_\_\_\_\_  
Date