

N14000026093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

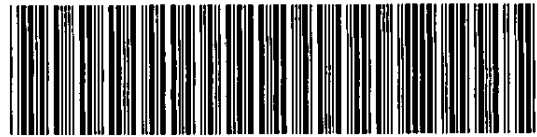
(Business Entity Name)

(Document Number)

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

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DIVISION OF CORPORATIONS  
14 JUN 26 PM 3:34

4/25/14

COVER LETTER

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

SUBJECT: Jesus : New Nation 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: Danita L. Horn  
Name (Printed or typed)

3109-3 Bicycle Rd.  
Address

Tallahassee, FL 32304  
City, State & Zip

850-612-1861  
Daytime Telephone number

danita.horn292013@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: Jesus: New Nation Ministry, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
3109-3 Bicycle Rd.  
Tallahassee, FL 32304

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To assist the community  
in many different ways to meet the  
needs of all people.

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

according to bylaws

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DIVISION OF CORPORATIONS  
14 JUN 25 PM 9:34

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

Name and Title: Danita Horn, AMBR <sup>President</sup> Name and Title: \_\_\_\_\_

Address: 3109-3 Bicycle Rd. Address: \_\_\_\_\_  
Tallahassee, FL 32304

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

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

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

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

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: Danita Horn  
Address: 3109-3 Bicycle Rd.  
Tallahassee, FL 32304

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Danita Horn  
Address: 3109-3 Bicycle Rd.  
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*

Danita Horn  
Required Signature of Registered Agent

6/26/14  
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.*

Danita Horn  
Required Signature of Incorporator

6/26/14  
Date