

N14000006999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

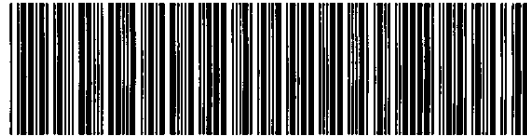
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Isaiah 61 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: Robert W. Edge
Name (Printed or typed)

25110 Peacock Ln. Unit 101
Address

Naples, FL 34114
City, State & Zip

23-560-3983
Daytime Telephone number

redge72@comcast.net
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: Isaiah 61 Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
25110 Peacock Ln. Unit 101

Naples, FL 34114

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct religious services, and all functions of a normal church.

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

As provided for in the by-laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert W. Edge, President

Address: 25110 Peacock Ln. Unit 101

Naples, FL 34114

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE FL 32304

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:

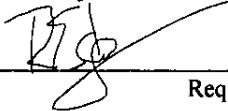
Name: Robert W. Edge
Address: 25110 Peacock Ln. Unit 101
Naples, FL 34114

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Robert W. Edge
Address: 25110 Peacock Ln. Unit 101
Naples, FL 34114

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

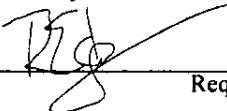


Required Signature of Registered Agent

7/18/2014

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.



Required Signature of Incorporator

7/18/2014

Date

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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA