

NI4000 007691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

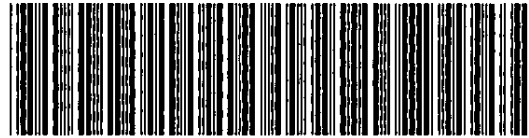
(Business Entity Name)

(Document Number)

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

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FILING CANCELLED  
RETURNED CHECK

08/07/14--01025--002 \*\*78.75

RECEIVED  
14 AUG -7 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE FL 32310

## COVER LETTER

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

SUBJECT: Skills-N-Healing Youth 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: Malaki Sanders  
Name (Printed or typed)

855 Cadogan Avenue  
Address

Orlando florida 32811  
City, State & Zip

407-654-9020  
Daytime Telephone number

yehowshuwaassy8@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)

**FILING CANCELLED  
RETURNED CHECK**

**ARTICLE I NAME**

The name of the corporation shall be: Skills-N-Healing Youth Ministry, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1473 Kenny Court

winter garden florida 34787

Mailing address, if different is:

855 cadogan avenue

orlando florida 32811

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to assembly for Church worship and reaching out  
to provide skills and healing to troubled youth. A Church-controlled  
organization.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: See Bylaws

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

Name and Title: Sedira Wright, Pastor

Address: 855 cadogan avenue  
orlando florida 32811

Name and Title: Malaki Sanders, Pastor

Address: 1473 kenny court  
winter garden florida 34787

Name and Title: James Trevon II, Secretary

Address: 1473 kenny court  
winter garden florida 34787

Name and Title: Othniel Arroyo Sr, Treasury

Address: 4108 pine hills road  
orlando florida 32808

Name and Title: Marcellin Paul, Elder

Address: 4108 Pine Hills Rd  
Orlando florida 32808

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

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

14 AUG - 7 AM 11:15  
RECEIVED  
FILING OFFICE  
FLORIDA  
CORPORATION  
DIVISION

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

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

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

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

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Malaki Sanders

Address: 1473 kenny court  
winter garden florida 34787

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RETURNED CHECK

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Malaki Sanders

Address: 1473 kenny court  
winter garden florida 34787

*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

August 1, 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

August 1, 2014

Date

14 AUG - 7 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA