

N 14000010351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

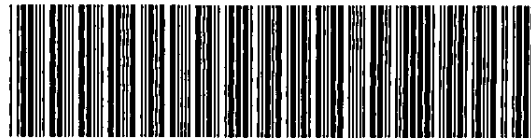
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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10/09/14--01026--004 **87.50

FILED
14 NOV - 7 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/10/14

COVER LETTER

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

SUBJECT: The Port, 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: The Port
Name (Printed or typed)

16040 US Hwy 331south
Address

Freeport, Fl 32439
City, State & Zip

850-333-5622
Daytime Telephone number

theport4all@yahoo.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2014

JAMIE RAGAN 2ND MAILING
193 POLK STREET
FREEPORT, FL 32439

SUBJECT: THE PORT, INC.
Ref. Number: W14000062365

RECEIVED
14 NOV -7 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for THE PORT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Claretha Golden
Regulatory Specialist II

Letter Number: 414A00021880

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

New Filing Section



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 13, 2014

THE PORT
16040 US HWY 331 SOUTH
FREEPORT, FL 32439

SUBJECT: THE PORT, INC.
Ref. Number: W14000062365

We have received your document for THE PORT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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Claretha Golden
Regulatory Specialist II

Letter Number: 414A00021880

New Filing Section

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

ARTICLE I NAME

The name of the corporation shall be: The Port Ministries of Freeport, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
16040 US Hwy 331 South
Freeport, Fl.
32439

Mailing address, if different is: 193 Polk St.
Freeport, Fl
32439

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A place of worship and a house of prayer. Where people
who are hungry for the Word of God and want to experience a true encounter with His Spirit can
come in freedom. Not bending to the bondage of denomination, but overcoming those walls
and setting a new precedence of what it means to be a Child of God in the Body of Christ. A
people reaching out to the lost and hurting. A place where people walk together, pray
together and work together because God's love compels us to.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Appointed by
church member vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jamie Ragan, President
Address: 193 Polk St.
Freeport, Fl.
32439

Name and Title: Greg Byrd, Vice President
Address: 107 Joyce Creek Landing
Freeport, Fl.
32439

Name and Title: Teala Ragan, Secretary
Address: 193 Polk St.
Freeport, Fl.
32439

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
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: Greg Byrd
Address: 107 Joyce Creek Landing
Freeport, Fl 32439

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jamie Ragan
Address: 193 Polk St.
Freeport, Fl, 32439

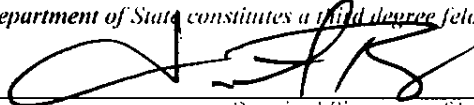
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

8-19-14
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

8-19-14
Date

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TALLAHASSEE, FLORIDA