

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

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

J 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)

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

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):

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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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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: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
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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: Greg Byrd

Address: 107 Joyce Creek Landing  
Freeport, Fl 32439

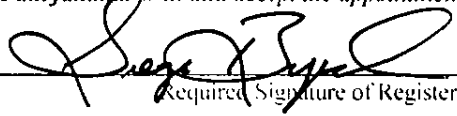
**ARTICLE VII INCORPORATOR**

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*

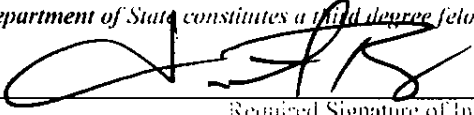


Required Signature of Registered Agent

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