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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

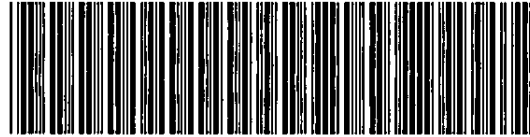
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S. GILBERT

COVER LETTER

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

SUBJECT: Mighty Women of God 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: Barbara R. Johnson
Name (Printed or typed)

1918 Amargyllis Circle
Address

Orlando FL 32825
City, State & Zip

407-369-6400
Daytime Telephone number

brjohnson411@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: Mighty Women of God Ministry, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

1918 Amaryllis Circle
Orlando FL 32825

Mailing address, if different is:

P.O. Box 781642
Orlando FL 32878-1642

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To renew, rebuild, and restore the
lives of women by encouraging them to rise above every
problem/situation in their lives.

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

Officers/directors are appointed.

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Barbara R. Johnson,</u>	Name and Title:	<u>Willie Johnson, officer</u>
Address	<u>Director</u> <u>1918 Amaryllis Circle</u> <u>Orlando, FL 32825</u>	Address:	<u>1918 Amaryllis Circle</u> <u>Orlando FL 32825</u>

Name and Title:	<u>Nicole P. Pelerford,</u>	Name and Title:	_____
Address	<u>officer</u> <u>1918 Amaryllis Circle</u> <u>Orlando FL 32825</u>	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: Barbara R. Johnson

Address: 1918 Amaryllis Circle
Orlando FL 32825

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Barbara R. Johnson

Address: 1918 Amaryllis Circle
Orlando FL 32825

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

Barbara R. Johnson

Required Signature of Registered Agent

11/12/2014

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.

Barbara R. Johnson

Required Signature of Incorporator

11/12/2014

Date