

17150000000725

(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

JAN 23 2015

T. SCOTT



300268084823

01/20/15--01050--015 \*\*78.75

15 JAN 20 AM 11:52

RECEIVED  
DIVISION OF REVENUE  
JAN 20 2015

## COVER LETTER

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

SUBJECT: Dr. Durone Hepburn 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: Dr. Durone Hepburn  
Name (Printed or typed)

2550 West Colonial Drive, Suite Number 300  
Address

Orlando, Florida 32804  
City, State & Zip

(407) 242-2350  
Daytime Telephone number

doonthemove@hotmail.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: Dr. Durone Hepburn Ministries, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
2550 West Colonial Drive

Suite Number 300

Orlando, Florida 32804

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

The purpose of Dr. Durone Hepburn Ministries, Inc. is to take the positive message of  
the gospel of Jesus Christ beyond the four walls of the church; to build people; and  
to empower them to lead productive and fruitful lives without the  
need for drugs, alcohol, and criminal activity.

**ARTICLE IV    MANNER OF ELECTION** The manner in which the directors are elected and appointed: Directors are  
appointed by Dr. Durone Hepburn.

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

Name and Title: Phuong Lu Hepburn Name and Title: Director

Address: 2550 West Colonial Drive Address: \_\_\_\_\_

Suite Number 300

Orlando, Florida 32804

Name and Title: Lamond Plummer Name and Title: Director

Address: 1423 North Buena Vista Avenue Address: \_\_\_\_\_

Orlando, Florida 32818

Name and Title: Natalie Cocroft Name and Title: Director

Address: 1011 Vivcaya Lakes Road Address: \_\_\_\_\_

Number 301

Ocoee, Florida 34761

15 JAN 20 AM 11:52

SECRETARY OF STATE  
DIVISION OF CORPORATIONS & BUSINESSES

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: M. Celine Cannon, Esquire  
Address: 436 Chapel Trace Drive, Number 303  
Orlando, Florida 32807

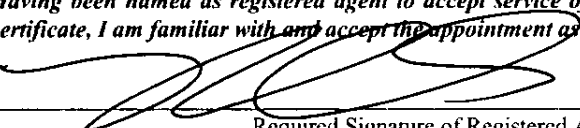
15 JAN 20 AM 11:52

**ARTICLE VII INCORPORATOR**

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

Name: Dr. Durone Hepburn  
Address: 2550 West Colonial Drive, Suite Number 300  
Orlando, Florida 32804

*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

1. 14. 2015  
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

1/14/2015  
Date