

N15000001476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

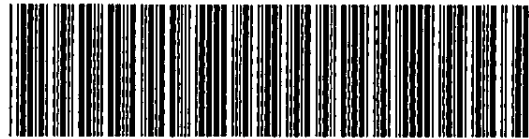
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L13000040985

Office Use Only



100267311241

12/17/14--01033--003 **35.00 .

02/12/15--01009--026 **35.00

APPROVED
AND
FILED
15 FEB 12 PM 2:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

G. HARVEY
FEB 12
EXAMINER

COVER LETTER

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

SUBJECT: Connection Ministries of South Florida, 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: Mark W. Conn
Name (Printed or typed)

17071 N.W. 23rd St.
Address

Pembroke Pines, FL 33028
City, State & Zip

305-333-0391
Daytime Telephone number

mark@connectionchurchsfl.org
E-mail address: (to be used for future annual report notification)

SECRET
TALLAHASSEE, FLORIDA

15 FEB 12 PM 2:17

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

To: Gretchen Harvey/Reg. Spec. II Supervisor

From: Mark Conn

Re: Dissolution of LLC/Reincorporation

Document #L13000040985

Date: January 19, 2015

As per our telephone conversation back on January 12th, I am hereby sending you the pertinent docs for the dissolution of our LLC and request for non-profit articles of incorporation.

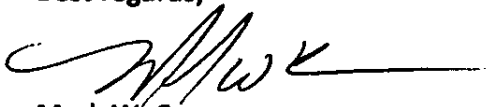
As you stated, I am not revoking the dissolution, but releasing the name of the LLC so as to transfer this name to our non for Profit Corporation.

I am also enclosing a check for \$35.00 which is the balance needed to file these request as you are transferring some of the monies previously sent in error.

Please let me know if you need further information or have any questions concerning this matter as I am available either by phone @305-333-0391 or email mark@connectionchurchsfl.org.

Thank you again for all your help.

Best regards,



Mark W. Conn

Senior Pastor/Manager

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 12 PM 2:17

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AND
FILED

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

ARTICLE I NAME

The name of the corporation shall be: Connection Ministries of South Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

17071 N.W. 23rd Street
Pembroke Pines, FL 33028

Mailing address, if different is:

"Same"

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

"Please see Attached" #1

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

Appointed by Senior Pastor and Managing Agent

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

"Please see Attached" #2

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 12 PM 2:17

APPROVED
AND
FILED

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: Mark W. Conn

Address: 17071 DW 23rd Street
Pembroke Pines, FL 33028

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mark W. Conn

Address: "Same as Agent"

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 12 PM 2:17

APPROVED
AND
FILED

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

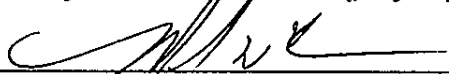


Required Signature of Registered Agent

1-19-15

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

1-19-15

Date

Amended *1

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Amendment to Article III: said corporation is organized exclusively for charitable, religious, educational and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future tax code.

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members or other private persons except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments in furtherance to the purpose of Article Three hereof. Notwithstanding any other provision of these articles, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation. Upon the dissolution of the corporation, assets shall be distributed for exempt purposes only within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future tax code, or shall be distributed to the federal government, or to state or local government for a public purpose. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

→ "Earnings"

"Article 3" ←

○ - corrected on original & sent

~~pg 3~~
~~Earnings~~
~~Article 3~~

Part II Organizational Structure

You must be a corporation (including a limited liability company), an unincorporated association, or a trust to be tax exempt. (See instructions.) **DO NOT** file this form unless you can check "Yes" on lines 1, 2, 3, or 4.

- 1 Are you a corporation? If "Yes," attach a copy of your articles of incorporation showing certification of filing with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification. ☒ Yes ☒ No
- 2 Are you a limited liability company (LLC)? If "Yes," attach a copy of your articles of organization showing certification of filing with the appropriate state agency. Also, if you adopted an operating agreement, attach a copy. Include copies of any amendments to your articles and be sure they show state filing certification. Refer to the instructions for circumstances when an LLC should not file its own exemption application. ☒ Yes ☒ No
- 3 Are you an unincorporated association? If "Yes," attach a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments. ☐ Yes ☒ No
- 4a Are you a trust? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments. ☐ Yes ☒ No
- b Have you been funded? If "No," explain how you are formed without anything of value placed in trust. ☐ Yes ☒ No
- 5 Have you adopted bylaws? If "Yes," attach a current copy showing date of adoption. If "No," explain how your officers, directors, or trustees are selected. ☒ Yes ☒ No

Part III Required Provisions in Your Organizing Document

The following questions are designed to ensure that when you file this application, your organizing document contains the required provisions to meet the organizational test under section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing document does not meet the organizational test. **DO NOT** file this application until you have amended your organizing document. Submit your original and amended organizing documents (showing state filing certification if you are a corporation or an LLC) with your application.

- 1 Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language. Location of Purpose Clause (Page, Article, and Paragraph): ☒
- 2a Section 501(c)(3) requires that upon dissolution of your organization, your remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Check the box on line 2a to confirm that your organizing document meets this requirement by express provision for the distribution of assets upon dissolution. If you rely on state law for your dissolution provision, do not check the box on line 2a and go to line 2c. ☒
- 2b If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph). Do not complete line 2c if you checked box 2a.
- 2c See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state: Florida ☒

Part IV Narrative Description of Your Activities

Using an attachment, describe your past, present, and planned activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

- 1a List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual compensation, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
Mark W. Conn	Manager/Head Pastor	17071 NW 23 Street Pembroke Pines FL 33028	\$40,000.00 proposed
Soraya Carasco	Manager/Secretary	19421 NW 2nd Street Pembroke Pines, FL 33029	none
David Wood	Manager/Communications Direct	6686 NW 32 Street Margate, FL 33063	none
Todd Wahn	Manager/Treasurer	6661 Segovia Circle North Pembroke Pines, FL 33331	none