

N15000002102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

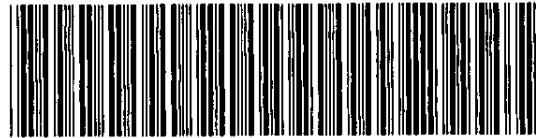
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
15 MAR -2 PM 1:03

FILED
15 MAR -2 PM 2:06
GEORGIA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

3 2 15

COVER LETTER

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

SUBJECT: That's My Sister Outreach 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: Kathy M. Wright
Name (Printed or typed)

113 Westwood Drive
Address

Tallahassee, FL 32304
City, State & Zip

(850) 345-2018
Daytime Telephone number

WrightK@nettally.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: That's My Sister Outreach Ministry, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

113 Westwood Drive
Tall., FL 32304

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Ministry/Church Outreach
Programs.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Volunteers

As stated in the By-Laws. (Rm)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kathy M. Wright, Min ^{President} Name and Title: _____

Address: 113 Westwood Drive Address: _____
Tall., FL 32304

Name and Title: Annie D. Nolen, Min Name and Title: _____

Address: P.O. Box 158 Address: _____
Bretna, FL 32304

Name and Title: Nathan A. Wright, Pastor Name and Title: _____

Address: 113 Westwood Drive Address: _____
Tall., FL 32304

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: Kathy M. Wright

Address: 113 Westwood Drive

Tall., FL 32304

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kathy M. Wright

Address: 113 Westwood Drive

Tall., FL 32304

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

Kmw Wright, Registered Agent
Required Signature of Registered Agent

3/2/15
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.

Kmw Wright, Incorporator
Required Signature of Incorporator

3/2/15
Date