

WIS000002514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: **June Lewin 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: **June Lewin**

Name (Printed or typed)

**3011 Lucerne Way**

Address

**Miramar, FL 33025**

City, State & Zip

**305-450-4639**

Daytime Telephone number

**pastorjunecwoc@aol.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: June Lewin Ministries, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
3011 Lucerne Way

Miramar, FL 33025

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: exclusively for religious, religious-educational  
and charitable purpose, which includes collaboration with other  
organizations to meet the spiritual, emotional and physical needs  
of a multicultural community.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_  
by a majority vote of the members of this corporation as defined by process in the By-laws of the corporation.

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

Name and Title: June Lewin, President

Address: 3011 Lucerne Way  
Miramar, FL 33025

Name and Title: Terita Lewin, Vice President

Address: 3011 Lucerne Way  
Miramar, FL 33025

Name and Title: Namona Lewin, Secretary

Address: 815 South Lake Street  
Apt. 201  
Los Angeles, CA 90057

Name and Title: Michelle Stephens, Treasurer

Address: 8870 W 21st Street  
Miramar, FL 33025

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

15 MAR -9 AM 9:02

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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: June Lewin

Address: 3011 Lucerne Way

Miramar, FL 33025

**ARTICLE VII INCORPORATOR**

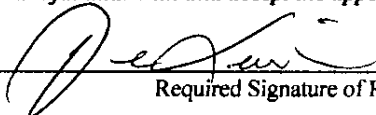
The name and address of the Incorporator is:

Name: Terita Lewin

Address: 3011 Lucerne Way

Miramar, FL 33025

*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*

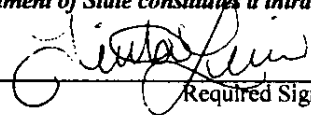


Required Signature of Registered Agent

03/03/2015

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

03/03/2015

Date

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