

NI5060002847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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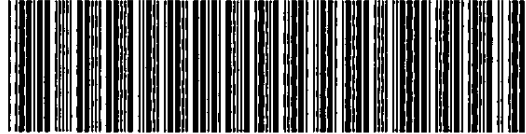
(Business Entity Name)

(Document Number)

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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: Father 2 Many 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: Jacqueline M. Lorento  
Name (Printed or typed)

2558 Belleair Rd  
Address

Clearwater, FL 33764  
City, State & Zip

727-741-0311  
Daytime Telephone number

jaci4adopt@yahoo.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: Father 2 Many Ministries, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

2558 Belleair Rd.

clearwater, FL 33764

Mailing address, if different is:

same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide love, hope and support to the fatherless

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

appointed

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

Name and Title: Jacqueline M. Lorento Name and Title: \_\_\_\_\_

Address 1490 Laconia Dr W Address: \_\_\_\_\_

Clearwater, FL

33764 - President

Name and Title: Christopher Lorento Name and Title: \_\_\_\_\_

Address 1490 Laconia Dr W Address: \_\_\_\_\_

Clearwater, FL 33764

Vice President

Name and Title: Nicholas A. Lorento Name and Title: \_\_\_\_\_

Address 1490 Laconia Dr W Address: \_\_\_\_\_

clearwater, FL 33764

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TALLAHASSEE FLORIDA

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: Jacqueline M. Lorento

Address: 1490 Laconia Dr W  
Clearwater, FL 33764

**ARTICLE VII INCORPORATOR**

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

Name: Jacqueline M. Lorento

Address: 1490 Laconia Dr W  
clearwater, FL 33764

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*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*

Jacqueline M. Lorento  
Required Signature of Registered Agent

03-13-15  
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.*

Jacqueline M. Lorento  
Required Signature of Incorporator

03-13-15  
Date