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COVER LETTER

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

SUBJECT: Faith Ministries of Jacksonville, a corporation
(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: Jane Sculley
Name (Printed or typed)

1750 Chaffee Road
Address

Jacksonville, Florida 32221
City, State & Zip

904-307-4225
Daytime Telephone number

faithministries6@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: Faith Ministries of Jacksonville, a corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1750 Chaffee Road

Jacksonville, Florida 32221

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our purpose is to connect with people for the sake of alleviating poverty, organizing food, helping with light bills, information and support for the community survival and dignity. Our food bank will tackle the hunger issues by food distribution, income support and nutrition education-using the potential though the power of work. We will be enhancing the dignity and quality of life of individuals, families and communities by eliminating barriers to opportunity and helping people in need reach their fullest potential.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: meetings of all members for the elections of the directors and the corporation organization

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eddy Hart-manager/director

Name and Title: _____

Address 1750 Chaffee Rd

Address: _____

Jacksonville, Florida

32221

Name and Title: Jane Sculley-director/

Name and Title: _____

Address 1750 Chaffee Rd

Address: _____

Jacksonville, Florida

32221

Name and Title: Dustin Sculley manager/director

Name and Title: _____

Address 10201 West Beaver St lot 341

Address: _____

Jacksonville, Florida

32220

15 APR 13 AM 11:50

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: Jane Sculley
Address: 1750 Chaffee Rd
Jacksonville, Florida 32221

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Eddy Hart
Address: 1750 Chaffee Rd
Jacksonville, Florida 32221

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

Jane Sculley

Required Signature of Registered Agent

4-10-2015

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.

Eddy Hart

Required Signature of Incorporator

4-10-2015

Date