

N1500005035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

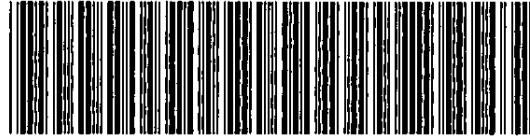
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 MAY 18 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

see 5/21/15

## COVER LETTER

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

SUBJECT: **God's Beloved 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: **Carlene Mitchell**

Name (Printed or typed)

**2431 Aloma Avenue, Suite 126**

Address

**Winter Park, FL 32792**

City, State & Zip

**407-636-3116**

Daytime Telephone number

**info@godsbelovedministries.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: God's Beloved Ministries, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
2431 Aloma Avenue, Suite 126  
Winter Park, FL 32792

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Our purpose is to provide the community with worship music which demonstrates God's  
intimate love and grace, and to teach Bible-based lessons to impart deliverance and life empowerment skills to individuals.

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

As set forth in the bylaws

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

Name and Title: Carlene Mitchell, President

Address: 2431 Aloma Avenue, Suite 126  
Winter Park, FL 32792

Name and Title: Tanya Viera, Treasurer

Address: 2431 Aloma Avenue, Suite 126  
Winter Park, FL 32792

Name and Title: Ursela Howell, Secretary

Address: 2431 Aloma Avenue, Suite 126  
Winter Park, FL 32792

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

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

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

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

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

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

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2015 MAY 18 PM 2:11  
CLERK OF DISTRICT COURT  
ALACHUA COUNTY, 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: Carlene Mitchell

Address: 2431 Aloma Avenue, Suite 126

Winter Park, FL 32792

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Carlene Mitchell

Address: 2431 Aloma Avenue, Suite 126

Winter Park, FL 32792

*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*

Carlene Mitchell

Required Signature of Registered Agent

5/14/15

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.*

Carlene Mitchell

Required Signature of Incorporator

5/14/15

Date