

N15000005096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

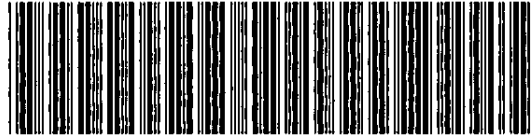
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAY 19 AM 10:51

APPROVED  
AND  
FILED

VH

## COVER LETTER

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

**SUBJECT:** Made Whole 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:** Maurice Hicks, Sr  
\_\_\_\_\_  
Name (Printed or typed)

1592 Saddlebrook Lane  
\_\_\_\_\_  
Address

Jacksonville, FL 32221  
\_\_\_\_\_  
City, State & Zip

904-393-2277  
\_\_\_\_\_  
Daytime Telephone number

pastorhicks@madewholeministries.org  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2015

MAURICE HICKS, SR  
1592 SADDLEBROOK LANE  
JACKSONVILLE, FL 32221

SUBJECT: MADE WHOLE MINISTRIES, INC.  
Ref. Number: W15000032943

We have received your document for MADE WHOLE MINISTRIES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please remove "ANY AND ALL LAWFUL BUSINESS" from the Not for Profit purpose.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 315A00009738

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

APPROVED  
AND  
FILED

**ARTICLE I NAME**  
The name of the corporation shall be: Made Whole Ministries, Inc

**ARTICLE II PRINCIPAL OFFICE**

15 MAY 19 AM 10:59

Principal street address:  
1592 Saddlebrook Lane

Jacksonville, FL 32221

Mailing address, ~~if different~~: OFFICE OF STATE  
P.O. Box 37661 TALLAHASSEE, FLORIDA

Jacksonville, FL 32236-7661

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Section 1: Our purpose for which this business is organized is for this nonprofit  
corporation may be incorporated under the laws of the State of Florida, as they  
may be amended from time to time.

Section 2: To minister to the people the teaching of Jesus Christ, the Apostles,  
and the prophets according to the Bible. to license and ordain Ministers, provide  
spiritual and educational training.

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

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

Name and Title: <u>Maurice Hicks, Sr. Senior Pastor</u>	Name and Title: <u>Cecilia A. Hicks, Associate Pastor</u>
Address: <u>1592 Saddlebrook Lane</u>	Address: <u>1592 Saddlebrook Lane</u>
<u>Jacksonville, FL 32221</u>	<u>Jacksonville, FL 32221</u>

Name and Title: <u>Maurice Hicks, Jr. Assistant Pastor</u>	Name and Title: _____
Address: <u>13364 Beach Blvd</u>	Address: _____
<u>Unit 620</u>	_____
<u>Jacksonville, FL 32221</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

APPROVED  
AND  
FILED

15 MAY 19 AM 10:51

SECRETARY OF STATE  
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: Maurice Hicks, Sr

Address: 1592 Saddlebrook Lane

Jacksonville, FL 32221

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Maurice Hicks, Sr

Address: 1592 Saddlebrook Lane

Jacksonville, FL 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*

Maurice Hicks, Sr  
Required Signature of Registered Agent

May 17, 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.*

Maurice Hicks, Sr  
Required Signature of Incorporator

May 17, 2015

Date