

N 500000L2135

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6/23/15

COVER LETTER

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

SUBJECT: Just One Touch 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: Nicole Davis
Name (Printed or typed)

3034 15th Avenue South
Address

St. Petersburg, FL 33712
City, State & Zip

(727) 400-2134
Daytime Telephone number

n.e.davis@outlook.com
E-mail address: (to be used for future annual report notification)

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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: Just One Touch Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

3034 15th Avenue South
St. Petersburg, FL 33712

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This organization is organized for charitable, religious, and educational purposes, and to engage in any lawful act or activity for which corporations may be organized under the laws of State.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Nomination by officers and Majority Vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nicole Davis - Chief Executive Officer Name and Title: _____

Address: 3034 15th Avenue So. Address: _____
St. Petersburg, FL
33712

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF DISTRICT COURT
ST. PETERSBURG, FL

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: Maxine Nicholson
Address: 3034 15th Avenue South
St. Petersburg, FL 33712

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nicole Davis
Address: 3034 15th Avenue South
St. Petersburg, FL 33712

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Maxine Nicholson
Required Signature of Registered Agent

6/13/15
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.

Nicole Davis
Required Signature of Incorporator

6/13/15
Date