

N15000006476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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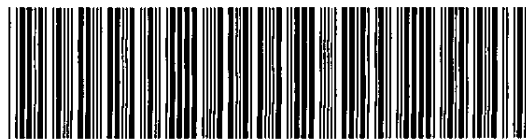
(Business Entity Name)

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06/05/15--01002--004 **78.75

15 JUL -2 PM 12:23
U.S. DEPT. OF JUSTICE
RECEIVED

1115-39993

MD 7/2

COVER LETTER

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

SUBJECT: B.O.P Inc. (Born On Purpose)

(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: Sabrina D. McKinzy
Name (Printed or typed)

8600 N Sherman Circle, Unit 404

Address

Miramar, FL 33025

City, State & Zip

786-356-6238

Daytime Telephone number

sabrinamckinzy@gmail.com

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

June 9, 2015

SABRINA D. MCKINZY
8600 N. SHERMAN CIRCLE, UNIT 404
MIRAMAR, FL 33025

SUBJECT: B.O.P INC
Ref. Number: W15000039993

We have received your document for B.O.P INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 415A00012099



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2015

SABRINA D. MCKINZY
8600 N. SHERMAN CIRCLE, UNIT 404
MIRAMAR, FL 33025

SUBJECT: B.O.P MINISTRIES (BORN ON PURPOSE)
Ref. Number: W15000039993

We have received your document for B.O.P MINISTRIES (BORN ON PURPOSE) and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Corporations may file using only the corporate name. Please delete the acronym in parentheses (BORN ON PURPOSE).

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 415A00012099

COVER LETTER

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

SUBJECT: B.O.P 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: Sabrina D. McKinzy

Name (Printed or typed)

8600 N Sherman Circle, Unit 404

Address

Miramar, FL 33025

City, State & Zip

786-356-6238

Daytime Telephone number

sabrinamckinzy@gmail.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: B.O.P Ministries Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
8600 N Sherman Circle, Unit 404

Miramar, Florida 33025

Mailing address, if different is:

19 JUL -2 PM 12:23
HONOLULU, HI 04104

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To help youth and young adults understand that even though they may have experienced mental or sexual abuse, abandonment, rejection, low self-esteem, incest, addictions, generational curses, and hopelessness that they were born on purpose for God's divine purpose.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sabrina D. McKinzy, President

Address: 8600 N Sherman Circle, Unit 404
Miramar, FL 33025

Name and Title: Yolanda Griffin, Vice President

Address: 18984 NW 57th Ave Apt 106
Miami Gardens, FL 33015-7075

Name and Title: Kimula Occ, Secretary

Address: 20530 NW 34th Ave
Miami Gardens, FL 33056

Name and Title: Cassandra Butler, Treasurer

Address: 19535 N Miami Ave
Miami, FL 33169

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Sabrina McKinzy
Address: 8600 N Sherman Circle #404
Miramar, Fl 33025

15 JUL -2 PM 12:23
CLERK OF COURT
JUL 14 2015

ARTICLE VII INCORPORATOR

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

Name: Sabrina McKinzy
Address: 8600 N Sherman Circle #404
Miramar, Fl 33025

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

Sabrina McKinzy
Required Signature of Registered Agent

06-26-15
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.

Sabrina McKinzy
Required Signature of Incorporator

06-26-15
Date