

N15000008575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

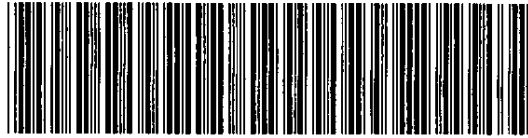
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
AND
FILED

1/4

COVER LETTER

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

SUBJECT: Transformed Life 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: Wayne C. Solomon

Name (Printed or typed)

109 Blackstone Creek Rd

Address

Groveland FL 34736

City, State & Zip

321-759-9777

Daytime Telephone number

wcsolomon@aol.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)

APPROVED
AND
FILED

ARTICLE I NAME
The name of the corporation shall be: Transformed Life Ministries Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:
109 Blackstone Creek Rd

Groveland FL 34736

Mailing address, if different from principal office
P O Box 121189

Clermont FL 34712-1189

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of the Transformed Life Ministries Inc. is to propagate the gospel of Jesus Christ through Religious, Social and Educational activities.

ARTICLE III B DISSOLUTION : Upon the dissolution of the corporation and after the provision for the payment of all the liabilities of the corporation, the board of directors will dispose of all of the assets of the corporation exclusively for the purposes of the corporation or to the organizations that are then qualified as tax-exempt organizations under section 501 (c) (3) of the Internal Revenue code. Any assets not so disposed of will be disposed of by a court of jurisdiction.

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

Directors will be elected by majority vote of all members of the Board.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wayne Solomon/President

Address: 109 Blackstone Creek Rd
Groveland FL 34736

Name and Title: Monica Solomon/Secretary

Address: 109 Blackstone Creek Rd
Groveland FL 34736

Name and Title: Jennie Gaul/Officer

Address: 25 West Church St, Apt 314
Greenville RI 02828

Name and Title: Candace Solomon/Officer

Address: 109 Blackstone Creek Rd
Groveland FL 34736

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Wayne C Solomon

Address:

109 Blackstone Creek Rd

Groveland FL 34736

ARTICLE VII INCORPORATOR

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

Name:

Wayne C Solomon

Address:

109 Blackstone Creek Rd

Groveland FL 34736

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 01, 2015. (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

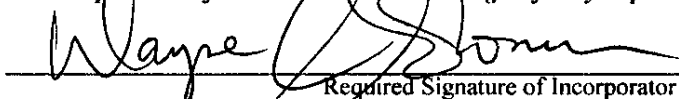


Required Signature of Registered Agent

08-20-2015

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.



Required Signature of Incorporator

08-20-2015

Date