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COVER LETTER

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

SUBJECT: SAMUEL SANCHEZ 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: ROBIN A, JENKINS, MBA

Name (Printed or typed)

4202 KEY BISCAYNE LANE #317

Address

WINTER PARK, FL 32792

City, State & Zip

407-538-0231

Daytime Telephone number

SAMMYSANCHEZX@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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

*Please credit this amount for future upcoming
amendment. If you are able please add BIN 26-3852906
to this document. Please call the above phone # if you*

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: SAMUEL SANCHEZ MINISTRIES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2307 BALLARD AVENUE

ORLANDO, FL 32833

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PREACH TEACH THE WORD OF GOD

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SANCHEZ, SAMUEL, DR.

Address: 2307 BALLARD AVENUE
ORLANDO, FL 32833

Name and Title: DIRECTOR, MARIA CORTORREAL

Address: 2307 BALLARD AVENUE
ORLANDO, FL 32833

Name and Title: SECRETARY SANCHEZ VANTHI

Address: 2307 BALLARD AVENUE
ORLANDO, FL 32833

Name and Title: _____

Address: _____

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: ROBIN JENKINS, MBA
Address: 4202 KEY BISCAYNE LANE 317
WINTER PARK FL 32792

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ARTICLE VII INCORPORATOR

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

Name: ROBIN JENKINS, MBA
Address: 4202 KEY BISCAYNE LANE 317
WINTER PARK, FL 32792

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8/31/2015. (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

9/1/15
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.

Required Signature of Incorporator

9/1/15
Date