N15000009702

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone) #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
W15-6	2455	





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SECRETARY OF STATE

FILED



COVER LETTER

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

SUBJECT: LET GO & I	CT: LET GO & LET GOD MINISTRIES INC (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)		
Enclosed is an original a	and one (1) copy of the Ar	ticles 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	
		<u> </u>	
FROM:	TROY A DAWKINS, PAST	OR	_

Name (Printed or typed)

5482 AEOLUS WAY

Address

ORLANDO, FLORIDA 32808

City, State & Zip

407-369-0560

Daytime Telephone number

TROYMINISTRIES@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

September 21, 2015

TROY A DAWKINS, PASTOR 5482 AEOLUS WAY ORLANDO, FL 32808

SUBJECT: LET GO & LET GOD MINISTRIES

Ref. Number: W15000062455

We have received your document for LET GO & LET GOD MINISTRIES and your check(s) totaling \$87.50. 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.

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.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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: 615A00019883

ARTICLES OF INCORPORATION

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



<u> ARTICLE I NAME</u>	
------------------------	--

Let Go & Let God Nondenomonational Ministries Incorporated

<i>,</i> ≺\୮	LUI		L.I.
	$\Lambda \Lambda$	ID	
	7717	IK.	
	FILI	i	l .

ARTICLE II	PRINCIPAL OFFICE			15 SEP 25	PH 4: 2
5482	Principal <u>street</u> address: Aeolus Way	Po	Mailing address, if dif	T SEO RETARY TALLAHASSE	of State E. Florida
Orlar	ndo,Florida 32808	Oı	lando, Florida 32868		
To seek salvat	PURPOSE or which the corporation is organized it ion of souls by means of preaching an lusively for religious, charitable and e	id teaching of God's ho		odly worship w	vorldwide.
	ot under section 501 (c) (3) of the Imte				
7 til can come i	nomatter the color, race, creed, or age.	. NO SIGNAS OF DOMES W	in be issued.		
ARTICLE IV	MANNER OF ELECTION The	manner in which the di	rectors are elected and appointe	ed: Article IV	
ARTICLE V	INITIAL OFFICERS AND/OR DI	<u>RECTORS</u>			
Name and Title	Troy A. Dawkins, Pastor	Name and Titl	Nellie I. Pelham-Dawkins,S	Secretary	
Address	5482 Aeolus Way	Address:	3676 Rundo Drive		
***************************************	Orlando, Florida 32808	<u> </u>	Orlando,Florida 32818		
Name and Title	Annie Pelham, Treasurer	Name and Tit	e:		
Address	5425 Pine Cahse Drive Apt 5	Address:			
	Orlando, Florida 32808				
Name and Title	ə:	Name and Titl	e:		
Address		Address:			

			APPROVEL:
Name and Title:	and the state of t	Name and Title:	
Address _		Address:	15 SEP 25 PM 4: 21
-			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Name and Title:		Name and Title:	
Address _	· · · · · · · · · · · · · · · · · · ·	Address:	
-		***************************************	
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acc	eptable) of the registered age	nt is:
Name:	Troy A. Dawkins, Pa	astor	
Address:	5482 Aeolus Way		
	Orlando, Florida 328	808	
	INCORPORATOR ddress of the Incorporator is:		
Name:	Troy A. Dawkins		
Address:	5482 Aeolus Way	*******	
	Orlando, Florida 328	308	
Effective date, if	late is listed, the date must be specific a	nber 3,2015 (OP) and cannot be more than five	TIONAL) ve business days prior or 90 business days
Note: If the date document's effect	e inserted in this block does not meet the a trive date on the Department of State's red	applicable statutory filing requords.	uirements, this date will not be listed as the
Having been na certificate, I am	med as registered agent to accept service familiar with and accept the appointment	e of process for the above si as registered agent and agre	tated corporation at the place designated in this se to act in this capacity
Trak			9/8/15
	Required Signature of Registere	d Agent	Date
	ument and affirm that the facts stated he at of State constitutes a third degree felon		nt any false information submitted in a document 5, F.S.
yna le	2		9/8/15
	Required Signature of Inco	orporator	Date