

N15000009738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

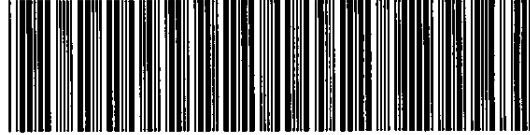
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N15-
62841

FILED
15 OCT -5 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I. Burch OCT. 6, 2015

COVER LETTER

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

SUBJECT: Beauty For Ashes Testimony, 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: LaTonya Brown
Name (Printed or typed)

2431 Eisner Dr.
Address

Jacksonville, FL 32218
City, State & Zip

904-226-2998
Daytime Telephone number

Y:Yahoo bellsouth.net
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

RECEIVED
15 OCT -5 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 22, 2015

LATONYA BROWN
2431 EISNER DR
JACKSONVILLE, FL 32218

SUBJECT: BEAUTY FOR ASHES TESTIMONY, INC
Ref. Number: W15000062841

We have received your document for BEAUTY FOR ASHES TESTIMONY, INC 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 purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

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.

Please return 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.

Tim Burch
Regulatory Specialist II

Letter Number: 615A00019961

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

ARTICLE I NAME

The name of the corporation shall be:

Beauty For Ashes Testimony, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2431 Eisner Dr.
Jacksonville, FL 32218

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To operate as non
Denominational, not for profit
religious organization.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Annual Meetings,
according to Robert's rule of order.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

LaTonya Brown

Name and Title: Owner / Director

Address: 2431 Eisner Dr
Jax. FL 32218

Name and Title:

Gilda Griffin (President)

Address:

1384 Marsh Hen Dr
Jax. FL 32218

V. President

Name and Title: Sherry Lowman

Address: P.O. Box 43323
Jax FL 32203

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: LaTonya Brown

Address: 2431 Gisner
Jacksonville, FL 32218

FILED
15 OCT -5 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LaTonya Brown

Address: 2431 Gisner
Jacksonville, FL 32218

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

LaTonya Brown

Required Signature of Registered Agent

9/23/15
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.

LaTonya Brown

Required Signature of Incorporator

9/23/15
Date