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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 OCT 15 PM 3:36

EFFECTIVE DATE  
Oct 12, 2015

## COVER LETTER

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

SUBJECT: House of Prayer Eternally 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: Beverly Anne Herndon  
Name (Printed or typed)

2172 College Circle South  
Address

Jax, Fla. 32209  
City, State & Zip

904-304-5654  
Daytime Telephone number

imallowaysthesse@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: House of Prayer Eternally Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

2172 College Circle S.  
JAX, FL 32209

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: For Religious activities - i.e  
deliverance ministry; Bible teaching; Religious counseling;  
A prayer ministry which includes praying for and healing  
the sick, and to help people get off drugs, and to  
visit and counsel the incarcerated to help reform their  
lives to be able to function in society in a positive  
way.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: It's  
my ministry so I self-appointed myself.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Beverly Herndon/director Name and Title: Jerrica Smith/assistant

Address: 2172 College Cir. S. Address: 2172 College Cir. S.  
Jax, Fla., 32209 Jax, Fla., 32209

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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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: Beverly A. Herndon

Address: 2172 College Cir. S.

Tam, Fla. 32209

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Beverly A. Herndon

Address: 2172 College Cir. S.

Tam, Fla. 32209

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10-12-2015 (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*

Beverly A. Herndon  
Required Signature of Registered Agent

10-12-2015  
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.*

Beverly A. Herndon  
Required Signature of Incorporator

10-12-2015  
Date

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