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(Requestor's Name)

(Address)

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(Business Entity Name)

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15 OCT 30 PM 5:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2015 OCT 30 PM 4:40

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TALLAHASSEE, FLORIDA

K 10/30/15

COVER LETTER

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

SUBJECT: FAITH Outreach Ministry - International 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: Willie Gaines
Name (Printed or typed)

810 1/2 Dover St
Address

TAM FL 32304
City, State & Zip

850 590 2575
Daytime Telephone number

Willie52964@yahoo.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: Faith outreach. minister International
inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

810 1/2 Dover St
Tall FL 32304

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: spiritual Guidance

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paglor Willie Gaines Name and Title: VP. Jennifer Gaines

Address: 810 1/2 Dover St Address: 810 1/2 Dover St
7911 FL 32304 7911 FL 32304

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT 30 PM 5:04

APPROVED
AND
FILED

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: Willie Gines

Address: 810 1/2 Dover St

Tall F1 32304

ARTICLE VII INCORPORATOR

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

Name: Willie Gines

Address: 810 1/2 Dover St

Tall F1 32304

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

Willie Gines

Required Signature of Registered Agent

10/30/15

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.

Willie Gines

Required Signature of Incorporator

10/30/15

Date

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