

N15000010833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

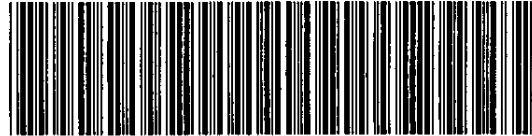
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: NO COMPROMISING MINISTRY 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: LOVELL A. HAMILTON

Name (Printed or typed)

15500 NE 2ND AVE

Address

MIAMI FLORIDA, 33162

City, State & Zip

305-469-7442

Daytime Telephone number

arego61@hotmail.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: NO COMPROMISING MINISTRY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
15500 NE 2ND AVE

MIAMI FLORIDA, 33162

Mailing address, if different is:
P.O. BOX 640321

MIAMI, FLORIDA 33162

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DIVISION OF CORPORATIONS
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Corporation is organize exclusively for charitable, religious, educational
purposes.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: made by president

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lovell A. Hamilton -president Name and Title: _____

Address: 15500 NE 2nd Ave Address: _____

Miami Florida 33162 _____

Name and Title: Immacula Hamilton Name and Title: _____

Address: 15500 ne 2 nd Ave Address: _____

Miami Florida, 33162 _____

Name and Title: _____ Name and Title: _____

Address: _____ 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: Immacula Hamilton
Address: 15500 ne 2nd Ave
Miami Fl. 33162

ARTICLE VII INCORPORATOR

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

Name: Lovell A Hamilton
Address: 15500 ne 2nd Ave
Miami florida, 33162

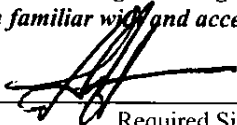
ARTICLE VIII EFFECTIVE DATE:

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.

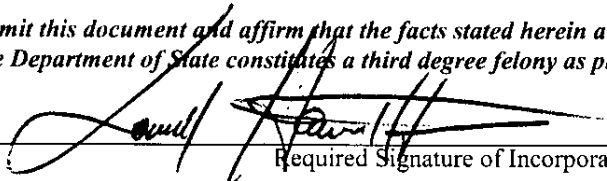
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



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.



Required Signature of Incorporator

10/30/15
Date

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