

N 150000/0839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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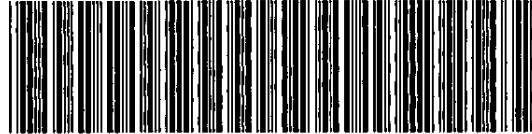
(Business Entity Name)

(Document Number)

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15 OCT 26 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

1/11

COVER LETTER

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

SUBJECT: Not Forgotten Ministries 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: Yushica Mason
Name (Printed or typed)
11048 West Sample Road
Address
Coral Springs, FL 33065
City, State & Zip
(754) 235-7842
Daytime Telephone number

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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be:

Not Forgotten Ministries Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address:

1950 NW 9th Ave
Fort Lauderdale, FL 33311

Mailing address, if different:

11048 West Sample Road
Coral Springs, FL 33065

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To buy, manage and own personal
property, proper place for worship, parish house
prayer and bible study

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

Information State in the By-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yushica Mason
Address: 11048 W Sample Road
Coral Springs, FL 33065
President

Name and Title: Perry Mason
Address: 11048 W Sample Road
Coral Springs, FL 33065
Vice-President

Name and Title: Takira Mason
Address: 11048 W Sample Road
Coral Springs, FL 33065
Treasure

Name and Title: Lillian Mason
Address: 241 NW 8th Court
Pompano Bch, FL 33060
Secretary

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____ APPROVAL
AND
FILED
Address: _____ Address: _____

15 OCT 26 PM 2:29
Name and Title: _____ Name and Title: _____ SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Perry Mason
Address: 11048 W Sample Road
Coral Springs, FL 33065

ARTICLE VII INCORPORATOR

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

Name: Yushica Mason
Address: 11048 W Sample Road
Coral Springs, FL 33065

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

X Perry Mason
Required Signature of Registered Agent

10-21-15
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.

X Pastor Yushica Mason
Required Signature of Incorporator

10-21-15
Date