## M 1500012052

(Re	equestor's Name)	•
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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(Do	cument Number)	
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15 DEC 14 PH 3.56

12/23/15

## **COVER LETTER**

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

JBJECT:	(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
closed is an original a	and one (1) copy of the Ar	ticles 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 CO	PY REQUIRED
FROM:	VONSHEILA PORTER-FLO	OYD me (Printed or typed)	_
	2510 NW 3RD AVENUE	,	
		Address	-
	OCALA, FLORIDA 34475	City, State & Zip	
	(352) 875-5480		The second second
	Dayt	ime Telephone number	
Ŧ	E-mail address: (to be used for	future annual report notification	on)

NOTE: Please provide the original and one copy of the articles.



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 1, 2015

VONSHEILA PORTER-FLOYD

2510 NW 3RD AVENUE OCALA, FL 34475

SUBJECT: VONS NOTICE | OTCHER | OVD MINISTRIES INC

Ref. Number: W15000077559

We have received your document for VONISHEILA PORTER-FLOYD MINISTRIES INC. and your check(s) totaling \$79.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The name of the entity must be identical throughout the document.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.)

The registered agent must sign accepting the designation.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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 scall (850) 285-6052.

FILED

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## ARTICLES OF INCORPORATION

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

ARTICLE I NAME

EFFECTIVE DATE OI OI 110

56

The name of the corporation shall be: VONSHEILA PORTER-FLOYD MINISTRIES INC.		FILED	
<u>ARTICLE II</u>	PRINCIPAL OFFICE		15 DEC 14 PH 3.5
251	Principal street address:	Mailing address,	if different is: COSTARY OF STATE ALL AHARLE, FLORID
oc	CALA, FLORIDA 34475		`
The purpose	tor which the corporation is organized is:	ORGANIZED EXCLUSIVELY FOR RELI-	
_		ORGANIZATIONS UNDER SECTION 501	
REVENUE	CODE WHICH GOVERNS NON-PROFI	T CORPORATIONS TO PROCLAIM THI	E GOOD NEWS OF SALVATION
BY FAITH	IN OUR LORD JESUS CHRIST AND HI	S FULL GOSPEL BY ANY SUITABLE MI	ETHOD OR MEDIA INCLUDING
			DN OE LOCT COLUC BADIO
ESTABLISH	HING AND OPERATING AN EVANGEI	LISTIC OUTREACH FOR THE SALVATION	IN OF LOST SOULS, KADIO,
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Name and Title:	Name and Title:	
Address	Address:	
_		
Name and Title:	Name and Title:	
Address	Address:	
_		
ARTICLE VI R	rida street address (P.O. Box NOT acceptable) of the registered agent is:	
•	VONSHEIL A PORTER-FLOYD	٠
Name: Address:	2510 N.W. 3RD AVENUE	
Address.	2510 N.W. 3RD AVENUE OCALA, FLORIDA 34475	) ) (
Name: Address:  ARTICLE VIII Effective date, if c	NCORPORATOR  Iress of the Incorporator is:  VONSHEILA PORTER-FLOYD  2510 N.W. 3RD AVENUE  OCALA, FLORIDA 34475  EFFECTIVE DATE: ther than the date of filing: the is listed, the date must be specific and cannot be more than five business days prior or 90 business.	s days
Note: If the date:	nserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ve date on the Department of State's records.	
I submit this document to	named as registered agent to accept service of process for the above stated corporation at the place desire, I am familiar with and accept the appointment as registered agent and agree to act in this capacity    12-10-20   12-10-20   12-10-20   Required Signature/Registered Agent   Date   document and affirm that the facts stated herein are true. I am aware that the false information submithe Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 2-10-20   Required Signature/Incorporator   Date    Author   Date   Da	015