

N15000012159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

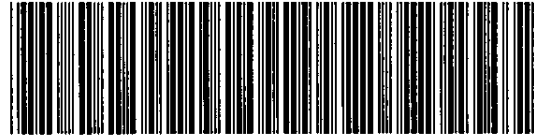
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WB-78537

Office Use Only



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11/25/15--01012--004 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 DEC 23 PM 3:36

APPROVED
AND
FILED

1/4

COVER LETTER

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

SUBJECT: Promise Life Family 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: Vincent Harris
Name (Printed or typed)

4317 Creeks Run Blvd.
Address

Kissimmee, Florida 34746
City, State & Zip

(407) 301-4685
Daytime Telephone number

VHarris35MA@gmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2015

VINCENT HARRIS
4317 CREEKS RUN BLVD
KISSIMMEE, FL 34746

SUBJECT: PROMISE LIFE FAMILY MINISTRIES, INC
Ref. Number: W15000078537

We have received your document for PROMISE LIFE FAMILY MINISTRIES, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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

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 call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 715A00025464

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: Promise Life Family Ministries, Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address:
4317 Creeks Run Blvd.

Kissimmee, Florida 34746

Mailing address, if different
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: We are a Faith Based organization dedicated to transforming the lives

<
of families and individuals, utilizing biblical principles

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Vincent Harris -Co Founder</u>	Name and Title:	<u>Debra V. Harris - Co Founder</u>
Address	<u>4317 Creeks Run Blvd.</u>	Address:	<u>4317 Creeks Run Blvd.</u>
	<u>Kissimmee, Florida 34746</u>		<u>Kissimmee, Florida 34746</u>

Name and Title:	<u>Lo'Retta J.D. Gaston - Board Member</u>	Name and Title:	<u>Gladys A. Harris - Board Member</u>
Address	<u>4317 Creeks Run Blvd.</u>	Address:	<u>4317 Creeks Run Blvd.</u>
	<u>Kissimmee, Florida 34746</u>		<u>Kissimmee, Florida 34746</u>

Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>

APPROVAL
AND
FILED

Name and Title: _____ Name and Title: _____

Address _____ Address: _____
15 DEC 23 PM 3:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Vincent Harris
Address: 4317 Creeks Run Blvd.
Kissimmee, Florida 34746

ARTICLE VII INCORPORATOR

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

Name: Vincent Harris
Address: 4317 Creeks Run Blvd
Kissimmee, Florida 34746

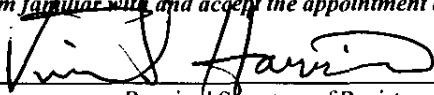
ARTICLE VIII EFFECTIVE DATE: January 1, 2016

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

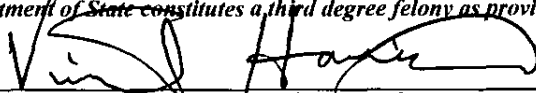


Required Signature of Registered Agent

12/10/15

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

12/10/15

Date