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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

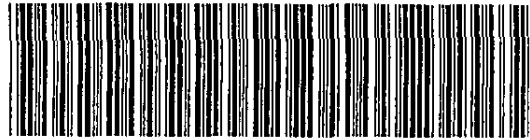
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JAN 04 2015

T. SCOTT



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COVER LETTER

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

SUBJECT: McCoy Light House Outreach 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: Worlie McCoy
Name (Printed or typed)

370 E. WALDO ST.
Address

Groveland FL 34736
City, State & Zip

321-795-5994
Daytime Telephone number

mccoyworlie@gmail.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: McCoy Light House Outreach Ministry Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

370 E. Waldo St.
Groveland, FL 34736

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To help those who's lives
have been affected by a crisis. Such as
addiction, loss of home, loss of home or family
To establish a faith based ministry, for those
in need.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: general election

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Worlie A. McCoy</u>	Name and Title: <u>Kevin E. Dias</u>
Address: <u>370 E. Waldo St.</u>	Address: <u>4425 Basbadass Loop</u>
<u>Groveland, FL 34736</u>	<u>Clermont, FL 34711</u>
<u>President</u>	<u>Director</u>
Name and Title: <u>Paul Grogan</u>	Name and Title: <u>Ben Bond</u>
Address: <u>3135 N. Barton Creek Cir.</u>	Address: <u>498 W. Montrase</u>
<u>Lecanto, FL 34461</u>	<u>Clermont, FL 34711</u>
<u>Director</u>	<u>Director</u>
Name and Title: <u>Jennifer Grogan</u>	Name and Title: <u>Anthony Ramsawack</u>
Address: <u>3135 N. Barton Creek Cir.</u>	Address: <u>1799 Sunset Ridge DR.</u>
<u>Lecanto, FL 34461</u>	<u>Mascotte, FL 34753</u>
<u>Director</u>	<u>Director</u>

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:

Paul M. Grogan

Address:

3135 N. Barton Creek Cir.
Lecanto, FL 34461

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Worlie McCoy

Address:

370 E. Waldo St.
Groveland, FL 34736

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/1/2016 (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

Paul M. Grogan
Required Signature of Registered Agent

12-7-15
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.

Worlie McCoy
Required Signature of Incorporator

12-7-15
Date