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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 3/15

COVER LETTER

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

SUBJECT: TOTAL Glory 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: Evette Williams
Name (Printed or typed)

3101 NE 15th Street Apt. G53
Address

Gainesville, FL 32609
City, State & Zip

(352) 575-4854
Daytime Telephone number

39Williams@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:

Total Glory Ministries Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3101 NE 15th Street G53

Gainesville, Florida 32609

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To help Build and Edify Christians
Through Bi Bical teachings Based on the sure Found Words
Of God. To Build a network that provides Spiritual Guidance for
Abused and Battered Women and Children, Provide an Organization
For community growth, hope, and assurance through:
Outreaching, Feed and clothe homeless, Elderly care, mentoring
and Better Education Profound through the teachings of Jesus
Christ.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Directors

will be elected and appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Evette Williams P

Name and Title:

Address

3101 NE 15th Street G53

Address:

Gainesville, FL. 32609

Name and Title:

Name and Title:

Address

Address:

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: Evette Williams
Address: 3101 NE 15th Street G53
Gainesville, FL 32609

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ARTICLE VII INCORPORATOR

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

Name: Evette Williams
Address: 3101 NE 15th Street G53
Gainesville, FL 32609

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

Evette Williams
Required Signature of Registered Agent

3-3-16
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.

Evette Williams
Required Signature of Incorporator

3-3-16
Date