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APR 12 2016

T SCHROEDER

COVER LETTER

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

SUBJECT: Divine Miracles International 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: Diana Lewis
Name (Printed or typed)
2139 Phoenix Avenue

Address

Jacksonville, FL 32209
City, State & Zip

904 525-5067
Daytime Telephone number

dhestlewis@yahoo.com
E-mail address: (to be used for future annual report notification)

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

I, Diana Lewis, President of Divine Miracles International Ministry Incorporated do not intend to re-instate and hereby release the name for future use.

Diana Lewis
April 12, 2016
N13000010346

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

ARTICLE I NAME

The name of the corporation shall be: Divine Miracles International Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2139 Phoenix Ave
Jacksonville, FL, 32209

Mailing address, if different is:

P.O BOX 11026 32239
Jacksonville Florida

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Ministry for all that spread the gospel, provide community outreach services for children and families. Additional services are summercamp, after school programs, and academic learning school for all ages and more.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As provided for in the by-laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Diana Lewis (President)

Address: 2139 Phoenix Ave
Jacksonville, FL 32209

Name and Title: Deannia Hester (Vice President)

Address: 1544 Dalewood Street
Jacksonville, FL, 32211

Name and Title: Roberta Lewis (Secretary)

Address: 3230 Donhurst Street
Jacksonville, FL, 32277

Name and Title: Karen Brown (Treasurer)

Address: 8554 Andoloma Street
Jacksonville, FL, 32277

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 12 PM 4:50

APPROVED
AND
FILED

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:

Diana Lewis

Address:

2139 Phoenix Avenue
Jacksonville FL 32209

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Apostle Diana Lewis

Name:

Address:

2139 Phoenix Avenue
Jacksonville, FL 32209

SECRET
TALLAHASSEE, FLORIDA

16 APR 12 PM 4:50

APR 16 2012

ARTICLE VIII EFFECTIVE DATE:

Effective as of, if other than the date of filing: 04/12/16 (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

Diana Lewis

Required Signature of Registered Agent

04/12/16

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.

Diana Lewis

Required Signature of Incorporator

04/12/16

Date