

N16000004445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

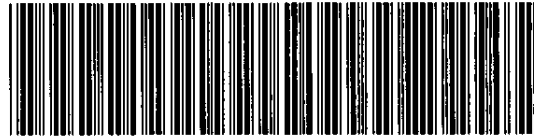
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/02/16--01001--007 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAY -2 AM 10:53

APPROVED
AND
FILED

RECEIVED
DEPARTMENT OF STATE
16 MAY -2 AM 10:50

MAY 02 2016
T SCHROEDER

COVER LETTER

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

SUBJECT: To Know Him 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: _____
Name (Printed or typed)

Post Office Box 6985
Address

Tallahassee, FL 32310
City, State & Zip

(850) 508-9641
Daytime Telephone number

toknowhim8@wn.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:

TO Know Him International Ministries, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2114 Saxon St
Tallahassee, FL
32310

Mailing address, if different is:

Post Office Box 6985
Tallahassee, FL
32314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Ministry NonProfit
Organization for the Gospel

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

Stated By Laws - Stated in the By Laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS:

Name and Title:

Dr. Vanessa Williams CEO / Founder

Address:

P.O. Box 6985
Tallahassee, FL
32314

Name and Title:

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAY -2 AM 10:55

APPROVED
AND
FILED

Name and Title: Dr. Vane Williams CEO/Founder Name and Title: _____

Address: P.O. Box 6985 Address: _____
Tallahassee, FL
32314

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: Dr. Vane Williams

Address: 2114 Saxon St
Tallahassee, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Vane Williams

Address: 2114 Saxon St
Tallahassee, FL

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

Vane Williams
Required Signature of Registered Agent

5/2/16
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.

Vane Williams
Required Signature of Incorporator

5/2/16
Date

16 MAY -2 AM 10:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED
AND
FILED