

N16000004571

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Connie Gaffney **GAVE**

AUTHORIZATION BY PHONE TO

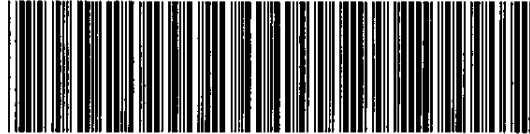
CORRECT Article II, VI

DATE 5/4/16

DOC. EXAM 1/1

W16-15541

Office Use Only



800282366878

02/22/16--01041--008 **70.00

FILED

16 MAY -3 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UH

COVER LETTER

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

SUBJECT: A'Kelynn's 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: Connie D. Gaffney
Name (Printed or typed)
29 7th Street S.W.
Address
Winter Haven, FL 33880
City, State & Zip
(863) 298-6700
Daytime Telephone number
Connieakelynn33@yahoo.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

March 2, 2016

CONNIE O GAFFNEY
PO BOX 2763
WINTER HAVEN, FL 33883

SUBJECT: AKELYNNS MINISTRIES, INC.
Ref. Number: W16000015541

We have received your document for AKELYNNS MINISTRIES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The registered agent must have a Florida street address. A post office box is not acceptable.

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: 816A00004360

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

ARTICLE I NAME

The name of the corporation shall be:

A Kelynn's Ministries Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:

29 7th Street S.W.
Winter Haven FL 33880

Mailing address if different is:

P.O. Box 2763
Winter Haven, FL 33883

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Church ministry.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appointed by the officers and members of the corporation bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Connie J. Gaffney / Officer

Address:

29 7th Street S.W.
Winter Haven, FL 33880

Address:

Mailing address
P.O. Box 2763

Winter Haven FL 33883

Name and Title:

Kiera S. Gaffney / Secretary

Address:

29 7th Street S.W.
Winter Haven, FL 33880

Address:

Mailing address:
P.O. Box 2763

Winter Haven, FL 33883

Name and Title:

Antoinette S. Gaffney / Treasurer

Address:

29 7th Street S.W.
Winter Haven, FL
33880

Address:

Mailing address
P.O. Box 2763

Winter Haven, FL 33883

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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:

Address:

Connie Ogletree Gaffney
921 Ave. T. S.E.
Winter Haven, FL 33881

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

Connie Ogletree Gaffney
921 Ave. T. S.E.
Winter Haven, FL 33881

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3/2/16 (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

Required Signature of Registered Agent

Date

4/27/16

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

Date

4/27/16