

N16000005432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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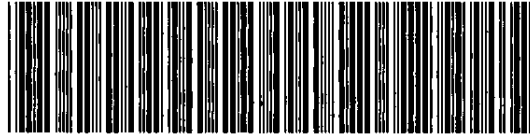
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/14

COVER LETTER

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

SUBJECT: MENDED HEARTS 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: DEBORAH A WILLIAMS-WATSON

Name (Printed or typed)

3620 BRIDGEWOOD DRIVE

Address

JACKSONVILLE, FL. 32277

City, State & Zip

904-699-5810

Daytime Telephone number

dawwatson3@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: MENDED HEARTS MINISTRIES INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:
3620 BRIDGEWOOD DRIVE

Mailing address, if different SECRETARY OF STATE
TALLAHASSEE FLORIDA

JACKSONVILLE, FL. 32277

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to spread the gospel of Jesus Christ to persons who are looking for salvation.

This organization provides support, love and encouragement to those who have been broken, hurt and destroyed by the pains of their
lives and to help them find peace, restoration and rejuvenation. This organization will also provide teaching, information and services
to help build up their lives physically, emotionally and spiritually, all through the teachings of the Bible, Jesus Christ and through the
guidance of the Holy Spirit.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Deborah Williams- Watson, Presider Name and Title: _____

Address: 3620 Bridgewood Drive Address: _____
Jacksonville, FL 32277

Name and Title: Marvin Jenkins, Assistant Presider Name and Title: _____

Address: 9438 Maidstone Mill Drive East Address: _____
Jacksonville, FL. 32244

Name and Title: Monique Madrid Name and Title: _____

Address: 658 Briar View Drive Address: _____
Orange Park, FL. 32065

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Deborah Williams-Watson
Address: 3620 Bridgewood Drive
Jacksonville, FL. 32277

ARTICLE VII INCORPORATOR

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

Name: Deborah Williams-Watson
Address: 3620 Bridgewood Drive
Jacksonville, FL. 32277

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: May 22, 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


Required Signature of Registered Agent

5/20/16
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.


Required Signature of Incorporator

5/20/16
Date