

N1600000564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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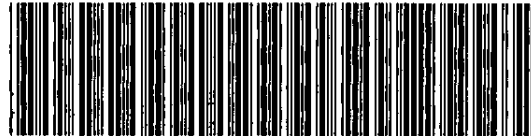
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/4

COVER LETTER

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

SUBJECT: Sloss 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: Wayne Sloss

Name (Printed or typed)

4850 Lema Court

Address

Fort Myers, FL 33903

City, State & Zip

239-645-1727

Daytime Telephone number

waynesloss@rockchurchftmyers.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: Sloss Ministries, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:
4850 Lema Court Fort Myers, FL 33903

Mailing address, if different is: STATE OF FLORIDA
TALLAHASSEE FLORIDA

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Please see attachment

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As stated in bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wayne Sloss President

Address: 4850 Lema Court
Fort Myers, FL 33903

Name and Title: Randell Williams Secretary

Address: 4135 Residence Dr 607
Fort Myers, FL 33901

Name and Title: Patrick Donnelly Treasurer

Address: 182 Custer's Court
North Fort Myers, FL 33917

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

- A. The purpose(s) for which the (corporation) is organized are exclusively religious, charitable, scientific, literary or educational purposes, including for such purposes the making of distributions to organizations that qualify as exempt organizations under Section 501C3 of the Internal Revenue Code of 1986 or corresponding sections of any future federal tax code.
- B. No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its members, trustees, officers or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause thereof. No substantial part of the activities of the organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in (including the publishing of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these articles, this organization shall not carry on any activities not permitted to be carried on by an organization exempt from federal income tax under Section 501C3 of the Internal Revenue Code of 1986 or the corresponding provisions of any future U.S. Internal Revenue Code, or by an organization, contributions to which are deductible under Section 170C2 of the Internal Revenue Code of 1986, or corresponding sections of any future federal tax code.
- C. In the event of dissolution, the residual assets of the organization will be distributed for one or more exempt purposes within the meaning of Section 501C3 of the Internal Revenue Code of 1986 or corresponding sections of any future Internal Revenue Code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

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: Wayne Sloss
Address: 4850 Lema Court
Fort Myers, FL 33903

ARTICLE VII INCORPORATOR

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

Name: Wayne Sloss
Address: 4850 Lema Court
Fort Myers, FL 33903

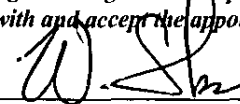
ARTICLE VIII EFFECTIVE DATE:

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

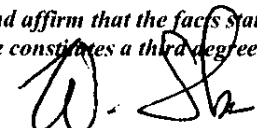


Required Signature of Registered Agent

5.19.16

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

5.19.16

Date