

N16000005714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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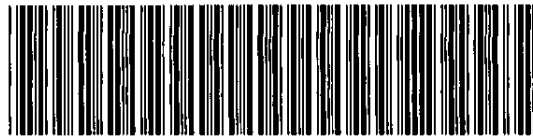
(Business Entity Name)

(Document Number)

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RECEIVED
DEPARTMENT OF STATE
16 JUN -6 PM 3:07
#12
APPROVED
AND
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16 JUN -6 PM 3:36
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
J. B. BOYD
SUFFICIENCY OF FILING

COVER LETTER

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

SUBJECT: Reachout Ministry of Hope By A New & Living Way 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: Timothy S. Jenkins
Name (Printed or typed)

510 West Tennessee St.
Address

Tallahassee Fla. 32301
City, State & Zip

850-322-7359
Daytime Telephone number

ElderTJ@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 Reachout Ministry of Hope By A New & Living Way Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4377 Crawfordville Rd

unit A

Tallahassee Fla. 32305

Mailing address, if different is:

4304 West Bank Drive

Tallahassee Fla. 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To help the community with clothing, food
and teaching the word of God. By Integrity
and their faithfulness to Ministry.

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

As stated in the by laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Timothy S. Jenkins

Address: 510 West Tennessee St
Tallahassee Fla,
32305

Name and Title: Founder - Pastor

Address: 4304 W. Bank Drive
Tallahassee Fla
32305

Name and Title: Dorothy Powell - ^{State (A)} Advisor

Address: 6124 Dana Drive
Jacksonville Fla,
32258

Name and Title: Co-Pastor Angela ALLs

Address: 865 Dewey Johnson Way
Gretna Fla.
32332

Name and Title: Pastor Jeanella Hall

Address: 865 Dewey Johnson Way
Gretna Fla,
32332

Name and Title:

Address:

STATE OF FLORIDA
TALLAHASSEE

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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: Timothy Jenkins
Address: 510 West Tennessee St.
Tallahassee Fla.
32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Timothy Jenkins
Address: 510 West Tennessee St
Tallahassee Fla. 32301

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 5, 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

Timothy J. Jenkins
Required Signature of Registered Agent

6-6-16
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.

Timothy J. Jenkins
Required Signature of Incorporator

6-6-16
Date