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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

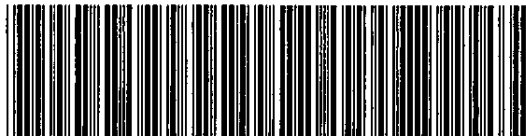
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

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## COVER LETTER

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

SUBJECT: ANU LIGHT OUTREACH MINISTRIES Incorporated  
(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: Sumekia Calloway  
Name (Printed or typed)

1401 Riverplace Blvd #907  
Address

Jacksonville FL 32207  
City, State & Zip

770) 997-6825  
Daytime Telephone number

mKcalloway80@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: AnuLight outreach ministries INCorporated

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address:

Mailing address, if different is:

1401 Riverplace Blvd

Apt 907

Jacksonville FL 32207

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: community service through  
outreach ministry

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: appointed

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Sumekia Callaway / Founder + Oversee

Address: 1401 Riverplace Blvd

# 907

Jacksonville FL 32207

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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TALLAHASSEE FLORIDA

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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:

Sumekia Calloway

Address:

401 Riverplace Blvd #907  
JACKSONVILLE FL 32207

**ARTICLE VII INCORPORATOR**

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

Name:

Sumekia Calloway

Address:

401 Riverplace Blvd #907  
JACKSONVILLE FL 32207

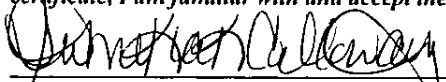
**ARTICLE VIII EFFECTIVE DATE:**

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*

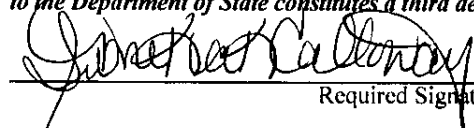


Required Signature of Registered Agent

06/17/22

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

06/17/22

Date