

# N16000009222

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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*K* 09/20/16

## COVER LETTER

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

SUBJECT: Just Jesus and Me Outreach Ministry  
(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: Lillie M. Singleton  
Name (Printed or typed)

1404 N.E. 20<sup>th</sup> Place  
Address

Gainesville, FL 32609  
City, State & Zip

(352) 682-5013  
Daytime Telephone number

singlelm05@yahoo.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: Just Jesus and Me Outreach Ministry, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1404 NE 20th Place

Gainesville, FL 32609

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To go out into the highways and hedges seeking the lost souls that have been hurt and overlooked. To help them become Men and Women of God as the Word of God desires. To help the people give their heart, mind, body and soul to the Lord that their lives can be changed for the better. To help them move forward in God through His Word.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Directors will be elected and appointed.

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

Name and Title: Lillie M. Singleton P Name and Title: \_\_\_\_\_

Address 1404 NE 20th Place Address: \_\_\_\_\_  
Gainesville, FL 32609

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

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

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16 SEP 19 PM 12:39

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

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

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

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

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

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**ARTICLE VI REGISTERED AGENT**

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

Name: Lillie M. Singleton

Address: 1404 N.E. 20<sup>th</sup> Place  
Gainesville, FL 32609

**ARTICLE VII INCORPORATOR**

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

Name: Lillie M. Singleton

Address: 1404 N.E. 20<sup>th</sup> Place  
Gainesville, FL 32609

*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*

Lillie Singleton  
Required Signature of Registered Agent

Sept. 15, 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.*

Lillie Singleton  
Required Signature of Incorporator

Sept. 15, 16  
Date

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