

N16000009484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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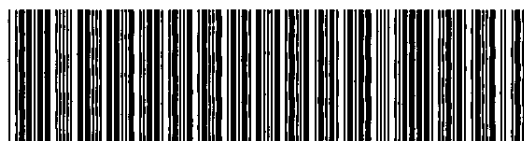
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 SEP 26 PM 2:52

✓ 09/27/16

COVER LETTER

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

SUBJECT: Women In Position Ministry Network
(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: Elois Humphries
Name (Printed or typed)

2101 NW 192nd Terrace
Address

Miami Gardens, FL 33056
City, State & Zip

305 - 527 - 6804
Daytime Telephone number

Womeninposition@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: Women In Position Ministry Network, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2101 NW 192nd Terrace
Miami Gardens, FL
33056

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide life skills and
Christian principles to women of all nationality,
Creed, and color, who are or may have experienced
mental, physical or spiritual challenges. Membership
is open to women 21 years or older who are
Seeking a deeper connection with God.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Elections
to be made annually by present membership

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Elvis Humphries / President</u>	Name and Title:	<u>Drusilla Sears / Treasurer</u>
Address	<u>2101 NW 192nd Terrace</u>	Address:	<u>2955 NW 60th Street</u>
	<u>Miami, FL 33056</u>		<u>Miami, FL 33142</u>

Name and Title:	<u>Shirley James / Secretary</u>	Name and Title:	
Address	<u>2580 547th Avenue NE</u>	Address:	
	<u>Naples, FL 34120</u>		

Name and Title:		Name and Title:	
Address		Address:	

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16 SEP 26 PM 2:52

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: Elois Humphries

Address: 2101 NW 192nd Terrace
Miami, FL 33056

ARTICLE VII INCORPORATOR

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

Name: Shezetta Morris

Address: 2900 SE 12th Rd #105
Homestead, FL 33035

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

Elois Humphries

Required Signature of Registered Agent

9-17-16

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.

Shezetta Morris

Required Signature of Incorporator

9-17-16

Date

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