

N16000009886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

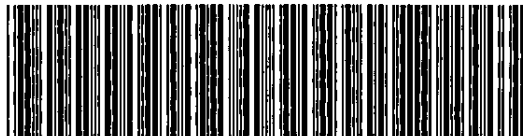
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:  
  
*tw16-61314*

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2018 OCT - 7 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

V HERRING

OCT 10 2016

**COVER LETTER**

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

SUBJECT: KARATE 4 CHRIST 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: MICHAEL JOINER  
Name (Printed or typed)

8221 SW 135th LOOP  
Address

Ocala FL. 34473  
City, State & Zip

(352) 875-0465  
Daytime Telephone number

MIKE JOINER.11@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 7, 2016

MICHAEL L JOINER  
8221 SW 135TH LOOP  
OCALA, FL 34473

SUBJECT: KARATE 4 CHRIST MINISTRIES INC.  
Ref. Number: W16000061314

We have received your document for KARATE 4 CHRIST MINISTRIES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 016A00018867

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: KARATE 4 CHRIST MINISTRIES INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: 8221 SW 135<sup>th</sup> LOOP Ocala FL.  
34473

Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: OUR PURPOSE IS TO HONOR GOD BY LEADING PEOPLE TO JESUS CHRIST, BEING POSITIVE ROLE MODELS, AND MAKING A DIFFERENCE IN THE COMMUNITY. WE STRIVE TO PREACH GOD'S WORD (THE HOLY BIBLE) AND SHARE THE GOSPEL WHEREVER WE ARE CALLED. WE TEACH MARITAL ARTS TO GUIDE AND DIRECT. WE ALSO USE OUR SKILLS, GIFTS, AND TALENTS TO ENCOURAGE, EDUCATE, AND INSPIRE PEOPLE. "GO INTO ALL THE WORLD AND PREACH THE GOSPEL TO EVERYONE."  
- MARK 16:15

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: CHOSEN BY (FOUNDER/PRESIDENT) MICHAEL JOINER

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

Name and Title:	<u>MICHAEL JOINER (FOUNDER/PRESIDENT)</u>	Name and Title:	_____
Address:	<u>8221 SW 135<sup>th</sup> LOOP Ocala FL. 34473</u>	Address:	_____
	<u>(352) 875-0465</u>		_____
Name and Title:	<u>JASON LOW (VICE PRESIDENT)</u>	Name and Title:	_____
Address:	<u>7372 HEMLOCK ROAD</u>	Address:	_____
	<u>Ocala FL. 34472</u>		_____
	<u>(352) 470-6840</u>		_____
Name and Title:	<u>Alisia Norcross (Secretary)</u>	Name and Title:	_____
Address:	<u>9076 N Elkcam Blvd</u>	Address:	_____
	<u>Citrus Springs, FL 34433</u>		_____
	<u>(352) 274-1234</u>		_____

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STATE OF FLORIDA  
TALLAHASSEE

Name and Title: BOARD MEMBER  
WILLIAM S. MARSH Name and Title:  
Address: 5105 W. DAPHNE LN. Address:  
DUNNELLON, FL. 34433  
352-489-6399

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2016 OCT -7 AM 9:33

Name and Title: Chissy Vickers (board member) Name and Title: SECRETARY OF STATE  
Address: 2905 SW 15th St. Address: TALLAHASSEE, FLORIDA  
Ocala, FL 34474  
(352) 304-3908

**ARTICLE VI REGISTERED AGENT**

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

Name: MICHAEL JOINER  
Address: 8221 SW 135th LOOP  
OCALA FL. 34473

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MICHAEL JOINER  
Address: 8221 SW 135th LOOP  
OCALA FL. 34473

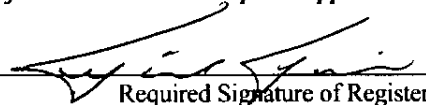
**ARTICLE VIII EFFECTIVE DATE:**

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

8/26/16  
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

8/26/16  
Date