

N/60000/1040

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DIVISION OF CORPORATE AFFAIRS  
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*[Signature]* 11/16/16

## COVER LETTER

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

SUBJECT: The Risen Star 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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Jacob C. Morgan II  
Name (Printed or typed)

206 14th Street West  
Address

Palmetto, FL 34221  
City, State & Zip

(941) 539-0579  
Daytime Telephone number

jmorganD-2@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: The Risen Star Ministries, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

206 14<sup>th</sup> Street West  
Palmetto, FL 34221

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Corporation is organized exclusively for charitable, religious, educational and scientific purposes, including for such purposes the making of distributions to organizations that qualify as an exempt organization under section 501(c)(3) of the Internal Revenue Code or the corresponding section of any future federal tax code.

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

As set forth in the bylaws.

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

Name and Title:	<u>Joel C. Morgan II, President</u>	Name and Title:	<u>Tracy L. Morgan, Vice President</u>
Address:	<u>206 14<sup>th</sup> Street West</u> <u>Palmetto, FL 34221</u>	Address:	<u>206 14<sup>th</sup> Street West</u> <u>Palmetto, FL 34221</u>

Name and Title:	<u>TC Johnson, Deacon</u>	Name and Title:	_____
Address:	<u>2821 Palmadelia Ave.</u> <u>Sarasota, FL 34234</u>	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: Jacob C Morgan II  
Address: 206 14th Street West  
Palmetto, FL 34221

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**ARTICLE VII INCORPORATOR**

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

Name: Jacob C Morgan II  
Address: 206 14th Street West  
Palmetto, FL 34221

**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 days prior or 90 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*

Jacob C Morgan II  
Required Signature of Registered Agent

11-11-16  
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.*

Jacob C Morgan II  
Required Signature of Incorporator

11-11-16  
Date