

N16000011174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

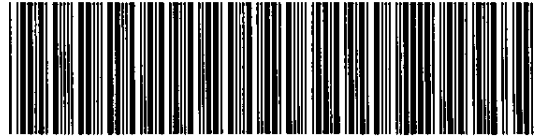
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 NOV 21 AM 9:26
TALLAHASSEE, FLORIDA
CLERK OF COURT

V HERRING

NOV 23 2016

COVER LETTER

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

SUBJECT: AGAPE WORD OF LIFE 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: Damon Jones

Name (Printed or typed)

712 Bridge Street

Address

Titusville, Florida 32780

City, State & Zip

(321) 591-3382

Daytime Telephone number

pastordamonjones@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: AGAPE WORD OF LIFE MINISTRIES, INC.

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address:
712 Bridge Street

Titusville, Florida 32780

Mailing address, if different is:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Religious eduction, ministries

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: vote of members

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Damon Jones - Managing Member

Address 712 Bridge Street
Titusville, Florida 32780

Name and Title: Loretta Henry - Member

Address: 712 Bridge Street
Titusville, Florida 32780

Name and Title: Rich Grant - Member

Address 712 Bridge Street
Titusville, Florida 32780

Name and Title: Comanique Williams - Member

Address: 712 Bridge Street
Titusville, Florida 32780

Name and Title: _____

Address _____

Name and Title: _____

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: Damon Jones

Address: 712 Bridge Street

Titusville, Florida 32780

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Damon Jones

Address: 712 Bridge Street

Titusville, Florida 32780

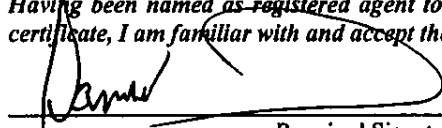
ARTICLE VIII EFFECTIVE DATE:

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.)

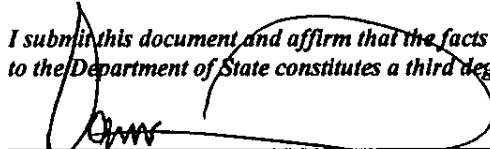
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/13/14
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

10/13/14
Date