

N/6000011285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

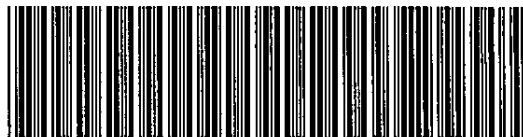
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SECRETARY OF STATE
DIVISION OF CORPORATE
2016 NOV 23 PM 2:15

11/28/16

COVER LETTER

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

SUBJECT: Harvest Fire Ministries
(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: Eric Kearns
Name (Printed or typed)

215 W. 9TH Ave. Apt. B
Address

Tallahassee, FL 32303
City, State & Zip

321-443-0412
Daytime Telephone number

harvestfireministries116@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: Harvest Fire Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

215 W. 9th Ave

Apt. B

Tallahassee, FL ~~323~~ 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to preach the gospel of Jesus Christ.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Chosen by the president and agreed upon by the appointee.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eric Kearns President Name and Title: Alyssa Kearns, Vice President

Address 215 W. 9th Ave Apt. B. Address: 215 W. 9th Ave Apt. B.
Tallahassee, FL 32303 Tallahassee, FL 32303

Name and Title: Bill Johnson - Treasurer Name and Title: Linda Johnson - Secretary

Address 2303 Jim Lee Rd. Address: 2303 Jim Lee Rd.
Tallahassee, 32301 Tallahassee, FL 32301

Name and Title: Debra Lee - Director Name and Title: _____

Address 3415 Village Green Ct. Address: _____
St. Cloud, FL 34772

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: Eric Kearns
 Address: 215 W. 9th Ave. Apt. B
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

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

Name: Eric Kearns
 Address: 215 W. 9th Ave Apt. B
Tallahassee, FL 32303

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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


 Required Signature of Registered Agent

11/21/16
 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

11/21/16
 Date