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T. SCOTT

COVER LETTER

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

SUBJECT: Ever Lasting Strength 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: Evangelist Selena Nelson  
Name (Printed or typed)

612 Demorest Street  
Address

Live Oak, FL 32064  
City, State & Zip

386-362-3781  
Daytime Telephone number

~~Selenanelson3@gmail.com~~  
E-mail address: (to be used for future annual report notification)

~~EverlastingStrengthministries@gmail.com~~

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: Everlasting Strength Ministries, Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address:

612 Demorest Street  
Live Oak, FL 32064

Mailing address, if different is:

612 Demorest Street  
Live Oak, FL 32064

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To be vessels full of humility  
and to be used by God in the fulness. To be able to  
assemble and call upon the name of Jesus, and worship  
Him in spirit and in truth. To do as Matthew 28:19-20  
says "Go ye therefore, and teach all nations baptizing  
them in the name of the Father and of the Son, and  
of the Holy Ghost; Teaching them to observe all things  
whatsoever I have commanded you".

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As stated in the  
Ministry's By Laws, the Pastor and board of Elders shall constitute the  
appointed officers of this Church.

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

President/Pastor  
Name and Title: Evangelist Selma Nelson

Address: 612 Demorest St.  
Live Oak, FL 32064

Treasurer  
Name and Title: Elvin Warren

Address: 612 Demorest St.  
Live Oak, FL 32064

V.P. Elder Nathaniel Nelson  
Name and Title:

Address: 612 Demorest St.  
Live Oak, FL 32064

Secretary  
Name and Title: Cheretta Ross

Address: 612 Demorest St.  
Live Oak, FL 32064

SECRET  
FBI  
LABORATORY  
ORID

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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: Evangelist Selena Nelson

Address:

612 Demorest St.  
Live Oak, FL 32064

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Evangelist Selena Nelson

Address:

612 Demorest St.  
Live Oak, FL 32064

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: Dec. 9, 2016 (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

Selena Nelson

Required Signature of Registered Agent

12-9-2016

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.

Selena Nelson

Required Signature of Incorporator

12-9-2016

Date