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(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/12/17

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

SUBJECT: Mercy And Grace Out Reach Ministry 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: Gwendolyn D. Allen
Name (Printed or typed)

847 N.W. Wilson Street
Address

Lake City Fla. 32055
City, State & Zip

386 319-7923
Daytime Telephone number

Igot Joy 24 @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: Mercy And Grace Outreach Ministry Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
847 N.W. Wilson Street
Lake City Flg 32055

Mailing address, if different is:
P. O. Box 3382
Lake City Flg. 32056

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Love all people from all walks of life, to show and have Mercy, according to the Scripture Titus 3:5 Sharing the Good news of christ. to cloth, feed and assit in whatever Manner we can to help the total man. Non-profit Ministry not for personal gain. Based on the Scripture St. matthew 25-31:-45

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As founder of the Ministry I'm the Director other will be appointed by me and board members.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eddie L. Allen - Chairman
Address: 193 NW Senior crt.
Lake city Flg 32055

Name and Title: Temeka Phillips - Secretary
Address: 843 N.W. fowler Street
Lake City Flg 32055

Name and Title: Chiquita Allen - Board men.
Address: 193 NW. Senior crt
Lake city Flg 32055

Name and Title: Wanda L. Alston - Board member
Address: 708 N.W. Wilson Street
Lake city Flg 32055

Name and Title: Tequila Wilson - Treasure
Address: 214 NW Patriot crt
Lot #20
Lake City Flg 32055

Name and Title:
Address:

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TALLAHASSEE, FLORIDA

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: Gwendolyn D. Allen

Address: 847 NW Wilson Street

Lake City Flg. 32055

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ARTICLE VII INCORPORATOR

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

Name: Gwendolyn D. Allen

Address: 847 N.W. Wilson Street

Lake City Flg 32055

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

Gwendolyn D Allen — Required Signature of Registered Agent

1-9-17 — 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.

Gwendolyn D Allen — Required Signature of Incorporator

1-9-17 — Date