

N170000001682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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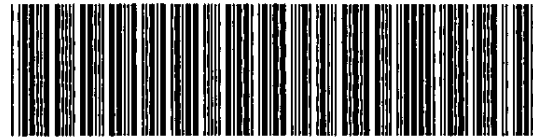
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2/15/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2017

LEE STEPHENS
643 NE 15TH STREET
GAINESVILLE, FL 32641

SUBJECT: BROTHERS AND SISTERS ON A MISSION CORPORATION
Ref. Number: W17000004898

We have received your document for BROTHERS AND SISTERS ON A MISSION CORPORATION and your check(s) totaling \$79.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 717A00001285

COVER LETTER

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

SUBJECT: BROTHERS AND SISTERS ON A MISSION CORPORATION

(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: TELETHA STEPHENS

Name (Printed or typed)

P.O. Box 5804

Address

Gainesville, FL 32641

City, State & Zip

(352) 278-3992

Daytime Telephone number

stephens1261@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: BROTHERS AND SISTERS ON A MISSION CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address:
643 N. E. 15TH STREET
GAINESVILLE, FL 32641

Mailing address, if different is:
P. O. BOX 5804
GAINESVILLE, FLORIDA 32641

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY CHARITABLE,
RELIGIOUS, EDUCATIONAL, PUBLIC BENEFIT AND SCIENTIFIC PUROSES, INCLUDING, FOR SUCH PURPOSES, THE
MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS 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: ANNUAL MEETING

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TELETHA STEPHENS -DIRECTOR
Address: P. O. BOX
GAINESVILLE, FL 32641

Name and Title: LEE A STEPHENS - PRESIDENT
Address: P. O. BOX
GAINESVILLE, FL 32641

Name and Title: CHARITA M WILLIAMS - TREASURAR
Address: 643 N. E. 15TH STREET
GAINESVILLE, FL 32641

Name and Title: _____

Address: _____

Name and Title: DEVONDRIA L SLATER-SECRETARY
Address: 2129 S. E. 13TH AVENUE
GAINESVILLE, FL 32641

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB 15 PM 2:34

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: LEE A. STEPHENS
Address: 643 N. E. 15TH STREET
GAINESVILLE, FL 32641

17 FEB 15 PM 2:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: LEE A. STEPHENS
Address: 643 N. E. 15TH STREET
GAINESVILLE, FL 32641

ARTICLE VIII EFFECTIVE DATE: 02/24/2017

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.)

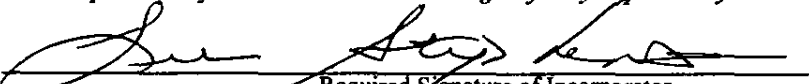
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

2-10-2017
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

2-10-2017
Date