

N17000002930

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(Address)

(City/State/Zip/Phone #)

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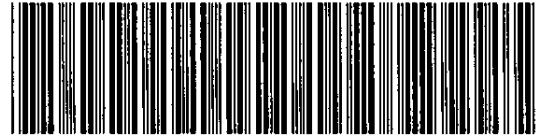
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/21/17

COVER LETTER

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

SUBJECT: God's Image 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: Bernice mae McNair
Name (Printed or typed)

6240 N.W. 19th Ct.
Address

Miami, FL 33147
City, State & Zip

(786) 222-3363
Daytime Telephone number

bernice McNair59@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: God's Image Ministries Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 6240 N.W. 19th Ct. Mailing address, if different is: 6240 N.W. 19th Ct.
Miami, FL 33147 Miami, FL 33147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

By Democratic Process

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bernice M. McNeil Name and Title: P/O, P, VP, S, C, T,

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ 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: Bernice Mae McNair
Address: 6240 W. W. 19th Ct.
Miami, FL 33147

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Bernice Mae McNair
Address: 6240 W. W. 19th Ct.
Miami, FL 33147

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

Bernice Mae McNair
Required Signature of Registered Agent

03/13/17
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.

Bernice Mae McNair
Required Signature of Incorporator

03/13/17
Date

6240 N.W. 19th St.
Miami, FL 33147

The purpose for Organized Corporation

To help reveal a New Self Image
And purpose giving hope to the hopeless,
Building up those who feel torn down,
And help the Community Rise from
the ashes and live.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Minutes Service met
Date: 03/13/17