N1100003144

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				

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SECRETARY OF STATE

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CORP LARY OF STAT

1/ 3/23/0

COVER LETTER

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

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

\$70.00 \$78.75 \$87.50 \$87.50 Filing Fee & Certificate of Status

\$Certificate Of Status

\$ADDITIONAL COPY REQUIRED

ROM: Amanda Snelson
Name (Printed or typed)

12/8 Campbe/Hon Ave
Address

Chipley, Flot: da 32428
City, State & Zip

(3/8) 3/7-6/04

Daytime Telephone number

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 The name of	I NAME f the corporation shall be: De 1: Yetar	nce an	of Peace Fellowship	JNC.
ARTICLE				
	Principal street address:		Mailing address, if different is:	SEC:
Ĺs	218 Campbellton Ave			2 95 F
Cl	sipley, Florida 32428			2 CONTRACTOR OF THE CONTRACTOR
<u> </u>				STA C
_			·	2
	III PURPOSE e for which the corporation is organized is: <u>´´</u> -	rece: v	e gifts, offering, on	<u>d</u>
	ty by gift, devise or			
•	ng to the transfer of		•	
	it Volunteer qualified		•	
	nel to fulfill the			•
This	Corporation is organi	red exc	lusively for one or n	nover of
	sposes as specified in so		,	
ARTICLE	V MANNER OF ELECTION The manner	in which the dir	ectors are elected and appointed: Shall A	old office
tor a	ferm of three (3) years.	the terms	Shall be filled by a maj	oring vote of the
	ng directors. Directors will <u>INITIAL OFFICERS AND/OR DIRECTO</u>		their successors.	
	Chairman/Founder			
Name and T	ille Bobby Chales & Raham	Name and Title	e: Veronica Lewis + reason	ct
Address	715 Arlington AR		4416 S. EFFE Dr.	
	Dothan, Ala 36301		Gland Prairie TX 750)59
	·			
Name and T	itleAmanda Snelson Chief EX Off	Name and Title	: Johnnie Smith Direct	<i>5</i> V
Address	7202 Moselle D2: ve	Address:	3579 Bethel Rd.	,
•	Shreveport, La 71108	-	Bridgeport III. 6241	' 7
Name and T	ille: Aly Quita Kilgore Secretary	Name and Title	2.	-
Address	235 Olive st.	Address:		
	Shreveport, La 11104			

Name and Title:	Name and Title:	
Address	Address:	
Name and Title:	Name and Title:	····
Address	Address:	
	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) of the registered agent is	7 26
Name:	Amanda Snelson	MAR 2
Address:	1218 Campbellton Ave	သ င်္ကာ - ဘင်္
	Chipley, Florida 32428	PM 34
ARTICLE VII I		เอ็พร 2 🥦
The <u>name and add</u> . Name:	Pobby Charles Lahan	
Address:	Bobby Charles Graham 115 Arlington Ave	
•	Dothan, Ala. 36.30/	
Effective date, if of	EFFECTIVE DATE: ther than the date of filing:	
	nserted in this block does not meet the applicable statutory filing require ve date on the Department of State's records.	ements, this date will not be listed as the
Having been name certificate, I am far	ed as registered agent to accept service of process for the above stated miliar with and accept the appointment as registered agent and agree to	corporation at the place designated in this act in this capacity
Amone	Required Signature of Registered Agent	3-23-2017 Date
	nent and affirm that the facts stated herein are true. I am aware that an of State constitutes a third degree felony as provided for in s.817.155, F.	
\wedge	Required Signature of Incorporator	3-23-17 Date
	Required Signature of Incorporator	Date