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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Good News Fellowship & Outreach, 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: Marietta Kenion
Name (Printed or typed)

2206 JACKSON BLUFF RD
Address

Tallahassee, FL 32304
City, State & Zip

850 274 7240
Daytime Telephone number

1015rollinsC@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: Good News Fellowship and Outreach

ARTICLE II PRINCIPAL OFFICE Inc

Principal street address:

2206 Jackson Bluff Rd

Mailing address, if different

Tallahassee, FL 32304

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of our organization is to enhance spiritual and physical lives, of individuals in the Big Bend Area. This purpose will be achieved by having Bible Studies and food distributions. We would also like to offer tutoring services, in the future

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Directors were nominated and voted on

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eligia Campfield Director Name and Title: Marrissa Kenion (Director)

Address: 5868 Charlie N Jannie Terrace Address: 2206 Jackson Bluff Rd

Tallahassee FL 32312

Tallahassee FL 32304

Name and Title: Anthony Kenion Director Name and Title: Bill Rollins (Officer)

Address: 1405 Drane Smith Rd Address: 1120 Bennett St

Bainbridge GA 39819

Tallahassee, FL 32304

Name and Title: _____ Name and Title: Lynnie Lee (Officer)

Address: _____ Address: 221 Slash Pine Cir

Midway FL 32343

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: Elogia Campfield
Address: 5860 Charlie W Lannier Ter
Tall, FL 32312

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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Marrissa Kenion
Address: 2206 Jackson Bluff Rd
Tall, FL 32304

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

Elogia Campfield
Required Signature of Registered Agent

3/9/17
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.

Marrissa Kenion
Required Signature of Incorporator

3/9/17
Date