

NI10000004330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

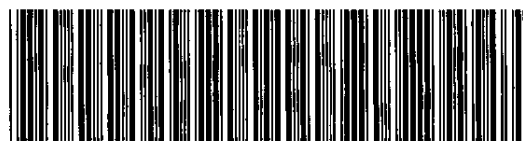
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/07/17--01013--002 \*\*70.00

FILED  
17 APR 20 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 11, 2017

MICHAEL A JEAN SR.  
3003 STARMOUNT DRIVE  
VALRICO, FL 33596

SUBJECT: ABLE TO TEACH MINISTRIES INC  
Ref. Number: W17000031463

We have received your document for ABLE TO TEACH MINISTRIES INC and your check(s) totaling \$70.00. 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: 917A00007003

17 APR 20 PM 3:22  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: ABLE To Teach ~~INC.~~ Ministries Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: MICHAEL A. JEAN, SR.  
Name (Printed or typed)

3003 STARMOUNT DR.  
Address

VALRICO, FL. 33596  
City, State & Zip

813-294-3423  
Daytime Telephone number

MAJSR1717@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

To Whom May Concern:

Enclosed is A MONEY order  
for \$70. I have no intentions  
of REINSTATING document #P15000033080  
ABLE TO TEACH.

The MONEY order covers the NEW  
filing for ABLE TO TEACH MINISTRIES INC  
(not/non-profit).

Michael Jean

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: ABLE TO TEACH MINISTRIES INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

3003 STARMOUNT DR.  
VALRICO, FL. 33596

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO TRAIN AND EDUCATED MEN AND  
WOMEN ACCORDING TO SCRIPTURE to IN BEING CAPABLE  
TEACHERS AND LEADERS OF THE BIBLE.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: I (MICHAEL JEAN, SR.)  
will appoint the directors at the appropriate time.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MICHAEL A. JEAN, SR. PRESIDENT Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

17 APR 20 PM 3:03

FILED

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: MICHAEL A. JEAN, SR.

Address: 3003 STARMOUNT DR.

VALRICO, FL. 33596

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TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: MICHAEL A. JEAN, SR.

Address: 3003 STARMOUNT DR.

VALRICO, FL. 33596

**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*

Michael A. Jean, Sr.

Required Signature of Registered Agent

4-18-17

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.*

Michael A. Jean, Sr.

Required Signature of Incorporator

4-18-17

Date