

N17000005510

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

EFFECTIVE DATE 07/01/17

05/23/17

## COVER LETTER

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

**SUBJECT:** Passion Fellowship, 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:** Tammie Ferguson  
Name (Printed or typed)

1294 Crow Way #104  
Address

Casselberry, Florida 32707  
City, State & Zip

321-800-8329  
Daytime Telephone number

info@tammieferguson.net

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: Passion Fellowship, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address:  
1294 Crow Way #104

Casselberry, FL 32707

Mailing address, if different is:

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## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in charitable and educational activities within the meaning of  
Section 501(c)(3) of the United States Internal Revenue Code.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: as stated by the bylaw

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tammie Ferguson

Address: 1294 Crow Way #104  
Casselberry, FL 32707

Name and Title: Eula Moore

Address: 4731 General Ike Street  
Moss Point, MS 39563

Name and Title: Tabitha Collins

Address: 7126 Gorley Court  
Northport, FL 34287

Name and Title: Kristal Mead Hillie

Address: 3608 Tanya Way  
Southaven, MS 38672

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

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

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

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

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: Tammie Ferguson

Address: 1294 Crow Way #104  
Casselberry, FL 32707

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**ARTICLE VII INCORPORATOR**

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

Name: Tammie Ferguson

Address: 1294 Crow Way #104  
Casselberry, FL 32707

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: July 1, 2017 (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*

Tammie Ferguson

Required Signature of Registered Agent

5/8/2017

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.*

Tammie Ferguson

Required Signature of Incorporator

5/8/2017

Date