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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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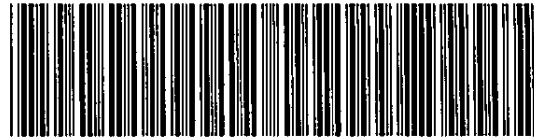
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Spiritual Bees Food Ministry, 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: Robert Blake

Name (Printed or typed)

3182 NW 59th Street

Address

Miami, FL 33142

City, State & Zip

(786) 346-9745

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 I NAME

The name of the corporation shall be: Spiritual Bees Food Ministry, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3182 NW 59th Street

Miami, FL 33142

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is organized exclusively for charitable, religious, educational, and scientific purposes. To this end, the corporation shall at all times be operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as now enacted or hereafter amended, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code of 1986, as now enacted or hereafter amended. All funds, whether income or principal, and whether acquired by gift or contribution or otherwise, shall be devoted to said purposes.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Corporation Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Addie Torrence, Director

Address: 145 NE 69th Street
Miami FL33138

Name and Title: _____

Address: _____

Name and Title: Robert Blake, Treasurer

Address: 3182 NW 59th Street
Miami, FL 33142

Name and Title: _____

Address: _____

Name and Title: Charlotte Wyche, Secretary

Address: 6340 NW 23rd Street
Miami, FL 33147

Name and Title: _____

Address: _____

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17 MAY 30 AM 9:56
SECRETARY OF STATE
ALLAHASSEE, FL 32010

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: Robert Blake
Address: 3182 NW 59th Street
Miami, FL 33142

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Addie Torrence
Address: 145 NE 69th Street
Miami, FL 33138

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

Robert Blake Jr.

Required Signature of Registered Agent

5-24-17

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.

Addie Torrence

Required Signature of Incorporator

5-24-17

Date