

N17000005783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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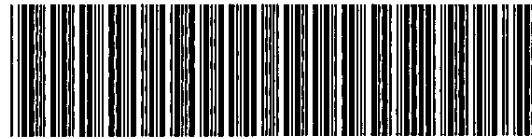
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/31/17

COVER LETTER

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

SUBJECT: Greater Grace and Deliverance Ministries 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: Joseph R. Kidwell
Name (Printed or typed)

110 Maggie Drive
Address

Fort Pierce FL 34947
City, State & Zip

414-791-6212
Daytime Telephone number

Joseph.Kidwell55@gmail.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: Greater Grace and Deliverance Ministries Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

707 N. 7th Street
Fort Pierce, FL ~~34950~~
34950

Mailing address, if different is:

110 Maggie Drive
Fort Pierce, FL
34947

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Greater Grace and Deliverance Ministries Inc. exists for the purpose of expanding the Kingdom of God through the preaching of the Gospel of Jesus Christ and the demonstration of the Holy Ghost.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As

provided for in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President: Joseph Kidwell Name and Title: _____

Address: 110 Maggie Drive Address: _____
Fort Pierce, FL
34947

Name and Title: Treas. Lydia Caraballo Name and Title: _____

Address: 110 Maggie Drive Address: _____
Fort Pierce, FL
34947

Name and Title: Sec. Jamekia Mackey Name and Title: _____

Address: 2105 Barcelona Ave Address: _____
Fort Pierce, FL
34946

RECORDING OFFICE
MILWAUKEE, WISCONSIN

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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: Joseph R. Kidwell

Address: 110 Maypie Drive
Fort Pierce, FL 34947

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph R. Kidwell

Address: 110 Maypie Drive
Fort Pierce, FL 34947

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

[Signature]
Required Signature of Registered Agent

05-24-17
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.

[Signature]
Required Signature of Incorporator

05-24-17
Date