

N17000006643

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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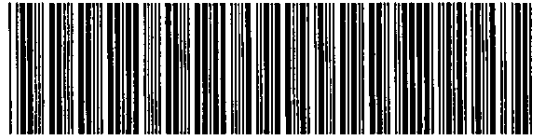
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: CovenantKeepers810 Youth 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: Veronica Davis
Name (Printed or typed)

602 Hickory av
Address

Sanford, Fla. 32771
City, State & Zip

407-350-7668
Daytime Telephone number

covenantKeepers810@a.mail.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:

Covenant Keepers 810 Youth Ministry INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

607 Hickory av

Sanford, FL, 32771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To help youth and families regardless of race. Provide following activities: Life skills, Social skills, Christian values, Tutoring, Goal setting, Role play, Creativity, Responsibility for their action, Positive self image, field trips, Free Food and clothes.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appointed by President

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Veronica Davis Pres.

Name and Title: Victoria Myers, Vice President

Address: 607 Hickory av

Address: 812 Escambia Drive

Sanford, FL 32771

Sanford, Fla. 32771

Name and Title: Sharmonique Southward

Name and Title:

Address: 2528 Daffodil Terrace

Address:

Sanford, FL 32771

Title: Secretary & Treasurer

Name and Title:

Name and Title:

Address:

Address:

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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: Sharmonique Southward

Address: 2528 Daffodil Tr.
Sanford, FL 32771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Veronica Davis

Address: 607 Hickory Av
Sanford, FL 32771

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

June 20, 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.

Veronica Davis
Required Signature of Incorporator

June 20, 2017
Date

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