

N170000007484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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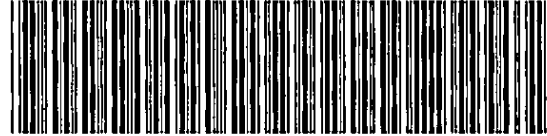
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JUL 19 AM 11:00
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JUL 19 2017

T SCHROEDER

COVER LETTER

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

SUBJECT: Anointed Ministers Working Miracles, 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: Anthony Miley

Name (Printed or typed)

320 Dickson St.

Address

Kissimmee, Fl. 34744

City, State & Zip

(407) 613-9409

Daytime Telephone number

amwm2512@gmail.com

E-mail address: (to be used for future annual report notification)

RECEIVED
17 JUL 17 PM 5:49
DEPARTMENT OF CORP. REG. DIV.
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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: Anointed Ministers Working Miracles, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

320 Dickson St.

Kissimmee, Fl. 34744

Mailing address, if different is:

2512 Paradise Cir.

Kissimmee, Fl. 34741

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Purpose for my Compay Anointed Ministers Working Miracles, Inc., is
to give all Men and Women Spiritual Counseling. We are also equipped to help Inmates coming from Federal and State prisons,
to become Re-Introduced back into Society. Anointed Ministers Working Miracles, Inc., has also purposed to provide services for
Men and Women of all Nationalities and Color, to find good jobs in order for them to support themselves, along with giving them
life skill information that will help refresh their minds with important skills to be successful in their lives. My company also
provide Debt Release programs to help our Clients to improve their Finical wellbeing. We also provide Marriage Counseling,
Grief Counseling, and Counseling for troubled Teens.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By ByLaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anthony Miley / CEO / President

Address: 2512 Paradise Cir.

Kissimmee, Fl. 34741

Name and Title: Willie Mae Miley / Vice President

Address: 2512 Paradise Cir.

Kissimmee, Fl. 34741

Name and Title: LaCandice Ferrell / Secretary

Address: 1503 Smith St.

Kissimmee, Fl. 34743

Name and Title: _____

Address: _____

Name and Title: Danielle Blackwood / Assistant

Address: 825 W. Birchwood Cir.

Kissimmee, Fl. 34743

Name and Title: _____

Address: _____

17 JUL 18 AM 11:00
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: Anthony Miley
Address: 2512 Paradise Cir.
Kissimmee, fl. 34741

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17 JUL 18 AM 11:00
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Anthony Miley
Address: 2512 Paradise Cir.
Kissimmee, Fl. 34741

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 business days prior or 90 business 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

* Dr. Anthony E. Miley PhD. 7-12-2017
Required Signature of Registered Agent 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.

Dr. Anthony E. Miley PhD. 7-12-2017
Required Signature of Incorporator Date