

N170000007500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

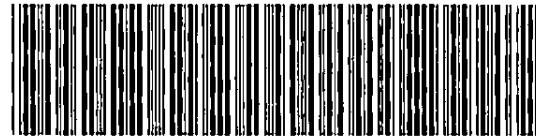
(Business Entity Name)

(Document Number)

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STATE
FLORIDA

17 JUL 17 AM 8:48

EFFECTIVE DATE 07/18/17

07/20/17

COVER LETTER

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

SUBJECT: Reflection of God the Way 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

FIN: 20-58246E1

FROM: JOAN Richards
Name (Printed or typed)

1325 Rila St SE
Address

Palm bay fl 32909
City, State & Zip

321-914-0197-321-427-8913
Daytime Telephone number

louis47@yahoo.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: Reflection of God the way ministry, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1325 Rila St SE
Palm Bay
Fl, 32909

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for Religious Purposes
Including Church ministry & Community outreach

ARTICLE IV MANNER OF ELECTION

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jon V. Richards
President

Address: 1325 Rila St. SE
Palm Bay
Fl. 32902

Name and Title: Surrel Richards
Secretary

Address: 2540 Swoop Circle
Kissimmee, FL 34741

Name and Title: Clement Michael Richards, V.P

Address: 1325 Rila St SE
Palm Bay
Florida 32909

Name and Title: Reynold Richards
Treasurer

Address: 2540 Swoop Circle
Kissimmee, FL 34741

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

17 JUL 19 AM 8:48
FILE
CLERK
FLORIDA

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: JOAN Richards
Address: 1325 Rila St SE
Palm Bay FL 32909

17 JUL 19 AM 8:48
DEPT. OF STATE
FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOAN Richards
Address: 1325 Rila St SE
Palm Bay FL 32909

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7/18/17 (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

Joan Richards
Required Signature of Registered Agent

7/18/17
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.

Joan Richards
Required Signature of Incorporator

7/18/17
Date