

N17000011731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

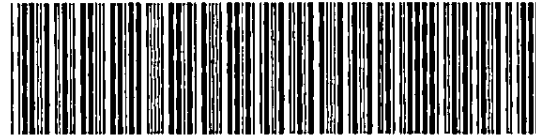
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NOV 28 2017

K. Brumbley

## COVER LETTER

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

SUBJECT: F. Betha 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: ELDER  
KIMBERLY DIATTA  
Name (Printed or typed)

2589 WYLER STREET  
Address

JACKSONVILLE, FL 32209  
City, State & Zip

904-356-7298  
Daytime Telephone number

kimani.diatto@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:

F. BETHIA MINISTRIES INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

2589 WYLERIE STREET  
JACKSONVILLE, FL 32209

Mailing address, if different is:

SAME AS

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THE CORPORATION IS ORGANIZED EXCLUSIVELY  
FOR CHARITABLE, RELIGIOUS, EDUCATIONAL PURPOSES, TO PROVIDE FOOD,  
AND COUNSELING TO ALL PEOPLE.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

THE BOARD  
OF DIRECTORS OF F. BETHIA MINISTRIES INC. SHALL BE ELECTED OR APPOINTED IN THE  
MANNER AND FOR THE TERMS PROVIDED IN THE ARTICLES OF INCORPORATION OR THEIR  
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS By LAWS.

Name and Title:

ELDER FRANKLIN BETHIA

Address:

9759 JORDAN ROAD  
JACKSONVILLE, FL 32208

\* CHAIRMAN

Name and Title:

DEACON DEXTER TURNER

Address:

5435 NORDE DRIVE  
APT. #31 JAX, FL 32211

\* SECRETARY

Name and Title:

DENCON DEMETRIUS BETHIA

Address:

9759 JORDAN ROAD  
JACKSONVILLE, FL 32208

\* VICE-CHAIRMAN

Name and Title:

Name and Title:

ELDER KIMBERLY DIATTA

Address:

2589 WYLERIE STREET  
JACKSONVILLE, FL 32209

\* TREASURER

Name and Title:

Address:

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:

ELDER FRANKLIN BETHA

Address:

9759 SIBBALD ROAD  
JACKSONVILLE, FLORIDA 32208

**ARTICLE VII INCORPORATOR**

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

Name:

ELDER FRANKLIN BETHA

Address:

9759 SIBBALD ROAD  
JACKSONVILLE, FLORIDA 32208


**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.)

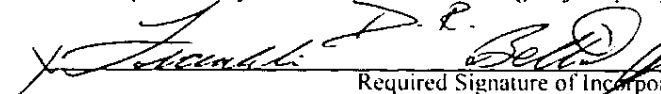
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

  
Required Signature of Registered Agent

NOV. 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.

  
Required Signature of Incorporator

NOV. 20, 2017  
Date