# N1700012019

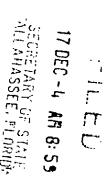
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DEC 0 6 2017

K. Brumbley

## COVER LETTER

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

Next Move of God Ministries Inc.

303-747-4793

support@heroes.do

SUBJECT:	(PROPOSED CORPORATE	NAME – MUST INCLUI	DE SUFFIX)	
Enclosed is an original a	and one (1) copy of the Artic			
\$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 CO	PY REQUIRED	
FROM:	Brynne Rorke {Yippiekiyay Nonprofit Solution:  Name (Printed or typed)  6295 Greenwood Plaza Blvd. Ste 100			
	Add	Iress	-	

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

NOTE: Please provide the original and one copy of the articles.

City, State & Zip

Daytime Telephone number

### ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I The name of t	NAME Next Move of the corporation shall be:	God Ministries Inc.	
ARTICLE I	I PRINCIPAL OFFICE		
302	Principal <u>street</u> address: 20 NE 41 Terrace Suite 9 #205	Mailing address, if o	lifferent is:
Но	mestead, FL 33033		
	TI DIDDOCK	····	
ARTICLE 1 The purpose	<b>III PURPOSE</b> for which the corporation is organized is:	to help the less fortunate and homel	ess and provide
resources	to churches and their congrega	ations. See attached.	17 310
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			5.0
ARTICLE	v INITIAL OFFICERS AND/OR  Michael Pipes	DIRECTORS	
Name and Tit	tle: 3020 NE 41 Suite 9 #205	Name and Title:	
Address		Address:	
	Homestead, FL 33033		
	President		
Name and Tit	Sonia Pipes	Name and Title:	
	3020 NE 41 Suite 9 #205		<del> </del>
Address	Homestead, FL 33033	Address:	
	Secretary/Treasurer	<del></del>	
N. 1001	Joshua Kennedy		
Name and Tit	3020 NE 41 Suite 9 #205	Name and Title:	<del></del>
Address	Homestead, FL 33033	Address:	
	Director	<del></del>	<del></del>

Name and Title	×	Name and Title:	_
Address		Address:	_
	<del></del>		<del>-</del>
Name and Title	: <u>-</u>	Name and Title:	_
Address		Address:	_
			-
			_
ARTICLE VI			
The name and Name:	Florida street address (P.O. Box NOT accept Michael Pipes	able) of the registered agent is:	
Address:	3020 NE 41 Terrace Suite 9 #	205	
Audiess.	Homestead, FL 33033		
ARTICLE VII			
The <u>name and ad</u> Name: Address:	address of the Incorporator is: Michael Pipes		
	3020 NE 41 Terrace Suite 9 #	205	
	Homestead, FL 33033		
		f process for the above stated corporation at the place registered agent and agree to act in this capacity	e designated in this
Mil.		11/28/2017	
	Required Signature of Registered A	Agent Date	
	cument and affirm that the facts stated herei ent of State constitutes a third degree felony a	n are true. I am aware that any false information subm s provided for in s.817.155, F.S.	itted in a document
MIP.		11/28/2017	
	Required Signature of Incorp	orator Date	

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#### Purpose and Dissolution Clause as required by IRS:

#### Purpose Clause:

"This organization is organized exclusively for charitable, educational, religious and/or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, and shall not inure benefit or earnings to any private shareholder or individual.

#### Dissolution Clause:

"Upon the winding up and dissolution of this organization, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, including to another tax-exempt organization under Section 501(c)(3), or shall be distributed to the federal government, or to a state or local government, for a public purpose."