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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 10 2017

T SCHROEDER

## COVER LETTER

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

SUBJECT: NO-U-TURNS 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: Katie L. Milledge  
Name (Printed or typed)

5525 S.W. 41<sup>st</sup> St #320  
Address

Pembroke Park, FL 33023  
City, State & Zip

754-214-9707  
Daytime Telephone number

NO U-TURNS 57@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: NO U TURNS MINISTRY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

5525 S.W. 41<sup>ST</sup> #320

Pembroke Park, FL

33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENCOURAGE, EQUIP AND EMPOWER  
WE WILL ENCOURAGE ADDICTS, THE LEST, THE LOST, THE LEFT OUT  
IN THE WORD OF GOD, WE WILL EQUIP THEM WITH LIFE SKILLS  
TO HELP THEM GET CLEAN, STAY SOBER, AND BE RESTORED, THEY  
WILL BECOME EMPOWERED PRODUCTIVE CITIZENS, WE WILL  
PROVIDE FOOD, BATHS, CLEAN CLOTHS, COUNSELING, A PLACE  
OF REST, TRANSPORTATION TO PLACES OF WORSHIP.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

AS PROVIDED FOR IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Katie L. Milledge - P

Name and Title:

Address

5525 S.W. 41<sup>ST</sup> #320

Address:

Pembroke Park, FL

33023

Name and Title:

Earl Hisha N. Barnes - VP

Name and Title:

Address

5525 S.W. 41<sup>ST</sup> #202

Address:

Pembroke Park FL

33023

Name and Title:

Justin J. Milledge - O

Name and Title:

Address

P.O. Box 4963

Address:

Hollywood FL

33083

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 DEC - 8 AM 9:42

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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: Katie L. Milledge

Address: 5525 S.W. 4<sup>th</sup> St #320

Pembroke Park FL 33023

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Katie L. Milledge

Address: 5525 S.W. 4<sup>th</sup> St #320

Pembroke Park FL 33023

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**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.

Katie L. Milledge  
Required Signature of Registered Agent

12-7-17  
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.

Katie L. Milledge  
Required Signature of Incorporator

12-7-17  
Date