

N18 000 002219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

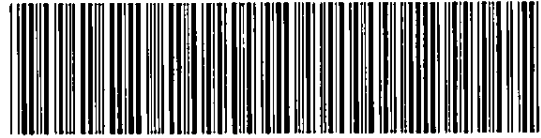
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900309583199

02/23/16--01015--009 **76.75

FILED

18 FEB 23 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE
FEB 28 2016

ORIGINAL

COVER LETTER

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

SUBJECT: VICTORY STRIKE MINISTRIES INCORPORATED
(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: DMEL McLEAN
Name (Printed or typed)

P.O. BOX 772353
Address

CORAL SPRINGS, FL 33077
City, State & Zip

954-681-0753
Daytime Telephone number

VICTORYSTRIKEMINISTRIES@GMAIL.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: VICTORY STRIKE MINISTRIES, INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1250 ELDRON BLVD. SE
PALM BAY, FL. 32909

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: VICTORY STRIKE MINISTRIES IS A BIBLE
WORKERS TRAINING AND LIFESTYLE COUNSELING MINISTRY THAT OFFERS A VARIETY OF
EDUCATIONAL HELP THAT PROMOTES PHYSICAL, MENTAL AND SPIRITUAL HEALTH AND WELLNESS.
THE AIM IS TO EDUCATE EVERYONE THAT IS DESIROUS OF REACHING THEIR COMMUNITY
FOR CHRIST, THROUGH A HANDS-ON PROGRAM DESIGNED TO EQUIP THEM TO DO SO; THERE
BY AIDING MANY TO GAIN THE VICTORY OVER APPETITE AND DISEASE THROUGH GOD'S WORD AND
NATURAL REMEDIES. RIGHTLY TRAINED, YOUR MEMBERSHIP CAN WIN THEIR COMMUNITY FOR JESUS CHRIST.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: AS STATED

BY THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BENNETT, MICHAEL A. = PD Name and Title: _____

Address: 1250 ELDRON BLVD. SE Address: _____

PALM BAY, FL. 32909

Name and Title: BENNETT, ROSLYN A. = VP Name and Title: _____

Address: 1250 ELDRON BLVD. SE Address: _____

PALM BAY, FL. 32909

Name and Title: BENNETT, SHEKINAH A. = MD Name and Title: _____

Address: 1250 ELDRON BLVD. SE Address: _____

PALM BAY, FL. 32909

SECRETARY
TALLAHASSEE, FLORIDA

FILED
18 FEB 23 PM 2:19

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: BENNETT, MICHAEL A.
Address: 1250 ELDRON BLVD. SE
TALM BAY, FL. 32909

ARTICLE VII INCORPORATOR

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

Name: MCLEAN, OMEL
Address: P.O. Box 772353
CORAL SPRINGS, FL. 33077

FILED
18 FEB 23 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2018 (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

x 
Required Signature of Registered Agent

11/29/2017
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

11/29/17
Date