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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

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

| SUBJECT: BLACK FIS | T OUT REACH MINISTRY | , INC. | |
|---|---|-------------------------------------|---|
| | (PROPOSED CORP | ORATE NAME – <u>MUST IN</u> | CLUDE SUFFIX) |
| Enclosed is an original a \$70.00 Filing Fee | nd one (1) copy of the Art \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | a check for : \$87.50 Filing Fee, Certified Copy & Certificate |
| | | ADDITIONAL COPY REQUIRED | |

| FROM: | KENNETH B. CAGGANS | | | |
|---------|---|--|--|--|
| i itom. | Name (Printed or typed) | | | |
| | 1882 GARY CIRCLE | | | |
| | Address | | | |
| | PENSACOLA, FLORIDA 32505 | | | |
| | City, State & Zip | | | |
| | 850 285 - 9809 | | | |
| | Daytime Telephone number | | | |
| _ | BlackFist0416@gmail.com | | | |
| 1 | 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)

| | I PRINCIPAL OFFICE | | |
|---|---|---|---|
| 188 | Principal <u>street</u> address: 32 Gary Circle | Mailing address, P.O. Box 9027 | if different is: |
| Pe | nsacola, Florida 32505 | Pensacola, Florida 32513 | 3 |
| exclusively of the Interr | for which the corporation is organized a Christ from the bible. In during this for charity, scientific, religious purposal Revenue code of 1986 or correspondent all adults, youth, and open dounger generation in every community of life. | Assist with community and development is: s process we will bring into motion Stop The cases, literary and educational within the mean ponding provision or futue of the United States to help create a healthy spiritual life style ity from the violence and drugs by education manner in which the directors are elected and appearance. | Violence. We are organized uning of Section 501(c)3 tes, IRS and its laws. We e. We are outreach to help of the bible and showing the |
| ADTICLE U | | | |
| ARTICLE V Name and Tit Address Name and Tit | Kenneth B. Daggans - D 1882 Gary Circle Pensacola, Florida 32505 Barbara J. Butter - D 1882 Gary Circle | Name and Title: Address: Name and Title: Address: Name and Title: Address: | 28 59 AL 1 A7 |

| Name and Title:_ | N | ame and Title: | _ |
|---|---|---|--------------------|
| Address | A | Address: | _ |
| | | | _ |
| Name and Title: | N | ame and Title: | _ |
| Address | A | Address: | _ |
| _ | | | |
| _ | | | _ |
| | | | |
| | <i>REGISTERED AGENT</i> orida street address (P.O. Box NOT accepta | ble) of the registered agent is: | T G |
| Name: | Kenneth B. Daggans | | |
| Address: | 1882 Gary circle | | 1 |
| | Pensacola, Florida 32505 | | |
| | | | 다. 강구 도 |
| | INCORPORATOR dress of the Incorporator is: | |)G |
| Name: | Kenneth B. Daggans | | |
| Address: | 1882 Gary Circle | | |
| | Pensacola, Florida 32505 | | |
| ARTICLE VIII Effective date, if of (If an effective date) | EFFECTIVE DATE: other than the date of filing: April 16, ate is listed, the date must be specific and o | 2018 (OPTIONAL) cannot be more than five days prior or 90 days after | r the filing.) |
| Note: If the date document's effect | inserted in this block does not meet the appli ive date on the Department of State's records | cable statutory filing requirements, this date will not b | e listed as the |
| Having been nam | ed as registered agent to accept service of a nmiliar with and accept the appointment as re | process for the above stated corporation at the place egistered agent and agree to act in this capacity | designated in this |
| Ken | uth D Waggins | July 23,2 | 2018 |
| () | Required Signature of Registered Ag | , | |
| I submit this docu to the Department | ment and affirm that the facts stated herein of of State constitutes a third degree felony as p | are true. I am aware that any false information submi provided for in s.817.155, F.S. | tted in a document |
| Y JM | with & Xiana. | July 23, 20 |)18 |
| 7 | Required Signaule of Incorpor | ator Date | |
| 1 | / / / | | |