

N18000012009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

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

SUBJECT: ABOUT MY FATHERS BUSINESS IN faith & Love Outreach 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

☐ \$73.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Linda DOBSON
Name (Printed or typed)

4336 Vining Street
Address

JACKSONVILLE, Florida 32210
City, State & Zip

904-575-8544
Daytime Telephone number

Linda.dobson100@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: ABOUT MY FATHERS BUSINESS In faith & Love

ARTICLE II PRINCIPAL OFFICE

Principal street address:

8336 Vining St
JACKSONVILLE Florida 32210

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For non Profit by doing the work
of the Lord Jesus Christ. Outreach feeding the
poor, visiting the sick, going to prison & homeless
shelters try to make a difference & impact. Live on
the word & save a life with the word of God.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As stated in the
Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Linda Dobson

Address:

8336 Vining St
JACKSONVILLE, Florida 32210
PRESIDENTName and Title: Wayne Dobson

Address:

8336 Vining St.
JACKSONVILLE, Florida 32210
Vice President

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Wayne DobsonAddress: 8336 Ving St
Jacksonville FL 32210**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:Name: Linda DobsonAddress: 8336 Ving St
Jacksonville, Florida 32210**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:

Wayne Dobson
Required Signature of Registered Agent11-15-18
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.317.155, F.S.

Linda Dobson
Required Signature of Incorporator11-15-18
Date