

19 JAN -7 AM 9:48
19 JAN -7 AM 10:06
ST. CLAIR COUNTY
ATTORNEY GENERAL

COVER LETTER

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

SUBJECT: Life Faithfulness and Hope 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: Bishop Clyde E. Swann JR
Name (Printed or typed)

2151 Natural wells DR
Address

Tallahassee, FL 32305
City, State & Zip

850-728-4661
Daytime Telephone number

cswann15@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: Life Faithfulness and Hope Ministry Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2151 Natural wells DR
Tallahassee, FL 32305

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Be a witness of the truth, The
gospel of the Lord Jesus Christ. To Help bring hope
to the young and old. To show the youth that its
a better way to live life and not be in the streets
causing trouble. To be a great support system.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Every
Sunday of the month, Wednesday, at 8:00 am - 12am

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bishop Clyde Swann Jr Name and Title: Pastor Patricia Walker

Address: 2151 Natural wells DR
Tallahassee, FL 32305

Address: 2317 e 110 ave
Tampa FL, 33612

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL 32309

2019 JAN - 7 AM 10:06

FILED

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: Clyde Swann JR

Address: 2151 Natural wells DR

Tallahassee, FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Clyde Swann JR

Address: 2151 Natural wells DR

Tallahassee, FL 32305

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1-9-19 (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:

Clyde Swann JR
Required Signature of Registered Agent

1-7-19
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.

Clyde Swann JR
Required Signature of Incorporator

1-7-19
Date

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TALLAHASSEE, FL 32305
CLYDE SWANN JR