

N19000006694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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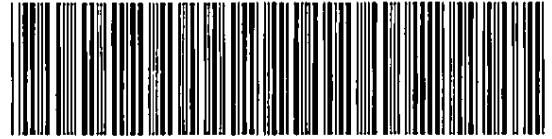
(Business Entity Name)

(Document Number)

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2019 JUL - 1 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: House of Miracle Ministry of Florida Inc.
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: Latoiya Cohen
Name (Printed or typed)

58 Maria Del Carmen Lane
Address

Crawfordville FL 32327
City, State & Zip

404-883-0372
Daytime Telephone number

Sampatengminstries@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: House of Miracle Ministry of Florida Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

58 Maria Del Carmen Lane
Crawfordville, Fl. 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Bylaws + Constitution

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sampson Amanteng / CEO Name and Title: _____

Address: 870 S Greenbrier St Address: _____
Apt. 315

Arlington, Va 22204

Name and Title: Latoiya Cihen / Director Name and Title: _____

Address: 58 Maria Del Carmen Ln Address: _____
Crawfordville, Fl. 32327

Name and Title: Sheryl Hill / Director Name and Title: _____

Address: 8520 Duvall Meadow Ln Address: _____
Charlotte, NC 28216

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Latalya Cohen

Address: 58 Maria Del Carmen Ln
Crawfordville, FL 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Latalya Cohen

Address: 58 Maria Del Carmen Ln
Crawfordville, FL 32327

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: July 1, 2019 (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

Latalya Cohen
Required Signature of Registered Agent

7-1-19
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.

Latalya Cohen
Required Signature of Incorporator

7-1-19
Date