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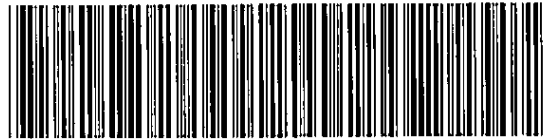
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COVER LETTER

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

SUBJECT: Divine Kingdom Connection Ministries 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: Helen D. Graham
Name (Printed or typed)

8009 BlackJack Rd
Address

Tallahassee FL 32305
City, State & Zip

850-345-6993
Daytime Telephone number

dcom35@yahoo.com
E-mail address: (to be used for future annual report notification)

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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: Divine Kingdom Connection Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1479 Capital Circle NW
Tallahassee, FL 32305

Mailing address, if different is:

8009 BlackJack Rd
Tallahassee, FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To help men & women who have
struggles & painful past through prayer & intervention
with assistance such as guidance through the
word of God.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: appointed
during Annual Meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Curtis L. Graham - Pastor
Address: 8009 BlackJack Rd
Tallahassee, FL 32305

Name and Title: Helen D. Graham - President
Address: 8009 BlackJack Rd
Tallahassee, FL 32305

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: Helen D. Graham
Address: 8009 BlackJack Rd
Tallahassee, FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Helen D. Graham
Address: 8009 BlackJack Rd
Tallahassee, FL 32305

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7/20/19 (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

Helen D. Graham
Required Signature of Registered Agent

07/22/19
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.