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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

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(Document Number)

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JAN 8 2020  
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STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT:

VOLUNTEER MISSIONARY SOCIETY PennyFund, 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:

SALLYISE LEE  
Name (Printed or typed)

102 E PATTERSON ST.  
Address

TAMPA FLORIDA 33604  
City, State & Zip

813-391 5314  
Daytime Telephone number

Saysollee33@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:

VOLUNTEER MISSIONARY SOCIETY Pemyfun Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

102 E PATTERSON ST. # 317  
Tampa FLORIDA 33604

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To establish a  
Community Mission Resource Center  
Housing Program: Poverty Program  
INITIATIVE TO SERVE  
At risk citizens & Senior citizens  
Referral services & Informations  
FOR community faith based resources

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Elected by Directors & Board decisions.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Sally Lee

Address:

102 E PATTERSON ST. #317  
Tampa Florida  
33604

Name and Title:

Daniel Mexile

Address:

3620 TAMARIX DR  
Tampa Fla  
Treasurer

Name and Title:

Adaja Gilmore

Address:

3620 tamarix dr.  
Tampa Fla 33604

Name and Title:

Secretary

Name and Title:

Name and Title:

Address:

Address:

Name and Title: <u>SALLYISE D LEE</u>	Name and Title: <u>DIRECTOR, Agent.</u>
Address: <u>102 E PATTERSON ST #317</u>	Address: <u>COORDINATOR</u>
<u>TAMPA Florida</u>	
<u>33604</u>	
Name and Title: <u>ADARA CILMORE</u>	Name and Title: <u>DAN MEXILE</u>
Address: <u>3620 TAMARIX DR.</u>	Address: <u>3620 TAMARIX DR.</u>
<u>TAMPA Florida</u>	<u>TAMPA Florida</u>
<u>-33619</u>	<u>33619</u>

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: SALLYISE D LEE  
 Address: 102 E PATTERSON ST #317  
TAMPA FLA 33604

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: VOLUNTEER MISSIONARY SOCIETY PennyFund  
 Address: 102 E PATTERSON ST #317  
TAMPA, Florida 33604

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: Dec. 1 (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

Sallyise D. Lee  
 Required Signature of Registered Agent

12-30-2019  
 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.

Sallyise D. Lee  
 Required Signature of Incorporator

12-30-2019  
 Date