

02000000949

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(City/State/Zip/Phone #)

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(Business Entity Name)

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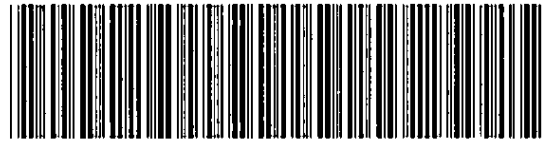
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COVER LETTER

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

SUBJECT: Free Your Spirit 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: GWENDOLYN M ROLLE

Name (Printed or typed)

4565,56TH AVE

Address

VERO BEACH FL ,32960

City, State & Zip

723-968-7943

Daytime Telephone number

gwendolynrolle@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: Free Your Spirit Ministry Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4565, 56TH AVE

VERO BEACH FL 32960

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Said organization is organized exclusively for charitable, religious, educational and scientific purposes, including for such purposes as the making of distributions to organizations that qualify as exempt organizations described under section 501 (c) (3) of the internal revenue code or corresponding section of any future tax code.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GWENDOLYN M ROLLE PRESIDENT

Address 4565, 56TH AVE
VERO BEACH FL 32960

Name and Title: ANNIE COX SECRETARY

Address: 4236 37TH DRIVE
COCONUT CREEK FL33073

Name and Title: BEVERYL BAKER TREASURER

Address 4595.33RD AVENUE
VERO BEACH FL 32967

Name and Title: BETTY D. RAWLS Board Member

Address: 520 8TH PLACE
VERO BEACH FL 32960

Name and Title: KATHY MORRIS VICE PRESIDENT

Address 925,9TH CT
VERO BEACH FL 32960

Name and Title: _____

Address: _____

2020 JAN -6 PM 10:07

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: GWENDOLYN M ROLLE
Address: 4565 56TH AVE
VERO BEACH FL. 32960

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GWENDOLYN M ROLLE
Address: 4565 56TH AVE
VERO BEACH FL. 32960

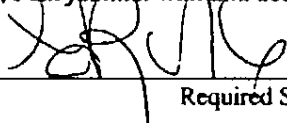
ARTICLE VIII EFFECTIVE DATE:

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.)

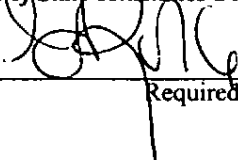
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature of Registered Agent

11/24/19
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.


Required Signature of Incorporator

11/24/19
Date