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DIVISION OF CORPORATIONS
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C RICO
JAN 31 2020

COVER LETTER

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

SUBJECT: By His Grace Evangelistic 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: Sharon L. Longley
Name (Printed or typed)

533 Wekiva Crest Drive
Address

Apopka FL 32712
City, State & Zip

401-989-1771
Daytime Telephone number

heartofworship84@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: By His Grace Evangelistic Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

533 Wekiva Crest Drive
Apopka, FL 32712

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Will serve as an outreach ministry
through ministering the word of God -
Comprised of singing, theatrics and spoken word

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Selected by
President and officers

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sharon Longley - President

Address: 533 Wekiva Crest Drive
Apopka, FL 32712

Name and Title: Melody Miller - Secretary

Address: 272 N.E. Solida Dr
Port St. Lucie, FL 34983

Name and Title: Truth Simmons - Treasurer

Address: 533 Wekiva Crest Drive
Apopka, FL 32712

Name and Title:

Address:

Name and Title: Emily Longley - officer

Address: 2583 Grassmoor Loop
Apopka, FL 32712

Name and Title:

Address:

20 JAN 31 PM 1:46
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: Sharon L. Longley

Address: 533 Wekiva Crest Drive

Apopka, FL 32712

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sharon L. Longley

Address: 533 Wekiva Crest Dr.

Apopka, FL 32712

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 23, 2020 (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

Sharon L. Longley

Required Signature of Registered Agent

01/23/2020

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.

Sharon L. Longley

Required Signature of Incorporator

01/23/2020

Date