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COVER LETTER

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

SUBJECT:	One Body Many Members Ministries 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 CO	PPY REQUIRED

FROM:	Name (Printed or typed)	
	Name (Frince or Typee)	2021 S.E.
	401 Monument Road Apt 98	2020 MAR 18 SECRETAR FALLAHA
	Address	全型工
	Jacksonville, Florida 32225	Y OF
	City, State & Zip	9: 42 STATE E. FL
	(954) 348-4039	ATE L
	Daytime Telephone number	
	thomasejordan@yahoo.com	

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 The name of the	NAME One Body Many Corporation shall be:	Members Ministries Incorporated
<u>ARTICLE II</u>	PRINCIPAL OFFICE	
401 N	Principal <u>street</u> address: Aonument Road Apt 98	Mailing address, if different is:
Jacks	onville, Florida 32225	
	DUDDOG	
· ·	<u>PURPOSE</u> r which the corporation is organized is: cational, and scientific purposes, includi	One Body Many Members Ministries Incorporated is organized exclusively for charitable ing, for such purposes, the making of distributions to organizations that
that qualify as	exempt organizations described under	Section 501(c)(3) of the Internal Revenue Code or corresponding section
of any future f	ederal tax code. Dissolution of Assets P	Provision-upon the dissolution of One Body Many Members Incorporated,
assets shall be	distributed for one or more exempt pur	poses within the meaning of Section 501(c)(3) of the Internal Revenue
Code, or corre	sponding section of any future federal t	ax code or shall be distributed to the federal government or to a state or
local governme	ent for a public purpose. Any such asset	ts not disposed of by a court of competent jurisdiction in the county in
ARTICLE IV	MANNER OF ELECTION The me	anner in which the directors are elected and appointed:
ARTICLETY	THE INS	amer in which the directors are elected and appointed:
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	<u>CCTORS</u>
Name and Title:	Thomas E. Jordan-President	Name and Title:
Address	401 Monument Road Apt 98	Address:
	Jacksonville, Florida 32225	DOZO HAR
	Tawana Jordan-Vice President	——————————————————————————————————————
Name and Title:	401 Monument Road Apt 98	Name and Title:
Address	Jacksonville, Florida 32225	Address:
	Claria Millar Sagratore	
Name and Title:	Gloria Miller-Secretary 906 West Monroe Street Apt 421	Name and Title:
Address	Jacksonville, Florida 32204	Address:
•		

SUBJECT: One Body Many Members Ministries Incorporated

ARTICLE III PURPOSE CONTINUED: which the principle office of One Body Many Members Ministries Incorporated is located, exclusively for such purposes or to such organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Name and Title:	· · · · · · · · · · · · · · · · · · ·	Name and Title:
Address		Address:
-		<u> </u>
Name and Title:	 .	Name and Title:
	•	Name and True.
Address		Address:
-		
•	•	
ARTICLE VI	REGISTERED AGENT	
The <u>name and I</u>		NOT acceptable) of the registered agent is:
Name:	Thomas E. Jordan	
Address:	401 Monument Road Apt 98	
	Jacksonville, Florida 32225	SECRETAR 18
		ACC # TO
(DTICLE VII	INCORDODATOR	
	INCORPORATOR Iddress of the Incorporator is:	
-	Thomas E. Jordan	ASSS R
Name:		ب الله الله الله الله الله الله الله الل
Address:	401 Monument Road Apt 9	AM 9: 42 SSEE, FL
	Jacksonville, Florida 32225	
		
	EFFECTIVE DATE:	(OPTIONAL)
(If an effective	date is listed, the date must be s	specific and cannot be more than five days prior or 90 days after the filing.)
	e inserted in this block does not in ctive date on the Department of S	neet the applicable statutory filing requirements, this date will not be listed as the State's records.
	•	
Having been na	imed as registered agent to accep	pt service of process for the above stated corporation at the place designated in this
		ointment as registered agent and agree to act in this capacity
1/		2/11/200
Swon	(Required Signature of I	Registered Agent
		tated herein are true. I am aware that any false information submitted in a document to felony as provided for in s.817.155, F.S.
,		
/ 1 /	1 / \	E 11, 101 x 01 A
Man	Required Signatur	5/16/2020