

N20000003634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

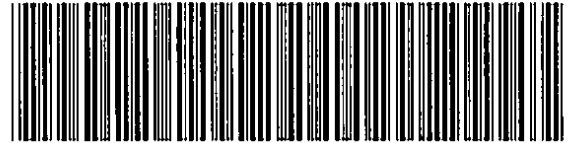
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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03/24/20 01001-002 \*\*137.50

FILED  
20 MAR 24 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OKETTE  
MAR 01 2020

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## COVER LETTER

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

SUBJECT: Moving non-profit from MI to FL

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status	\$ 8.75
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\$ 137.50

Mary Wilkinson  
Name (printed or typed)

193 Cypress Ave. NW  
Address

Port Charlotte, FL 33952  
City, State & Zip

810-599-9645  
Daytime Telephone Number

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

**NOT FOR PROFIT  
CERTIFICATE OF DOMESTICATION**

The undersigned, Mary C. Wilkinson, President  
(Name) (Title)  
of Grace Life Ministries, a foreign Corporation  
(Corporation Name)  
in accordance with section 617.1803, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was Feb. 3, 1994.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Michigan.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Grace Life Ministries.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 617.01201 and 617.0202 with this certificate is Grace Life Ministries.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Michigan.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.

I am President of Grace Life Ministries

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 14<sup>th</sup> day of July, 2019.

Mary C. Wilkinson  
(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

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20 JUL 24 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S. (Not for Profit)

ARTICLE I      NAME

The name of the corporation shall be:

Grace Life Ministries Inc.

ARTICLE II      PRINCIPAL OFFICE

The principal place of business/mailling address shall be:

Principal Address

Mailing Address

193 Cypress Ave. NW      (Same)  
Port Charlotte, FL 33952

ARTICLE III      PURPOSE

The purpose for which the corporation is organized:

Discipleship Counseling

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20 MAR 24 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

By President

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

The name(s) and address(es) and specific title(s):

Title/Name

Title/Name

Paul Zenian - Secretary

16351 Botunda Dr, #207A

Dearborn, MI 48120

Title/Name

Title/Name

Phil Wilkinson - Treasurer

193 Cypress Ave, NW

Port Charlotte, FL 33952

Title/Name

Title/Name

President/Director

Many Wilkinson

193 Cypress Ave, NW

Port Charlotte, FL  
33952

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20 MAR 26 AM 10:00  
CLERK OF COURT  
PORT CHARLOTTE, FLORIDA

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Mary Wilkinson  
193 Cypress Ave., NW  
Port Charlotte, FL 33952

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Mary Wilkinson  
193 Cypress Ave., NW  
Port Charlotte, FL 33952

\*\*\*\*\*

*Having been named as registered agent and 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.*

Mary Wilkinson  
Signature/ Registered Agent

7-17-19 3-18-20  
Date

Mary Wilkinson  
Signature/ Incorporator

7-17-19 3-18-20  
Date

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TALLAHASSEE, FLORIDA