

N 20 000 005 197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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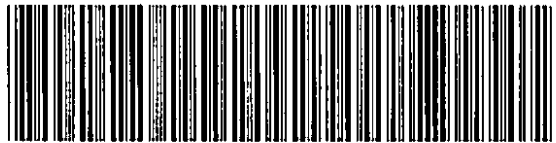
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

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

**SUBJECT:** Holy Vow International 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:** Anthony Sanders

\_\_\_\_\_  
Name (Printed or typed)

2701 Essex Court

\_\_\_\_\_  
Address

Fort Pierce, FL 34946

\_\_\_\_\_  
City, State & Zip

772-579-0196

\_\_\_\_\_  
Daytime Telephone number

holyvowim@gmail.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

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**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: Holy Vow international Ministries, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

2701 Essex Court

Fort Pierce, FL 34946

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The corporation is organized and operated exclusively for religious, charitable or educational purposes, within the meaning of section 501(c)(3) of the Internal revenue Code of 1986, as amended, or to any corresponding provision of any future federal tax law, as follows: The Corporation is organized for Christian Church Ministry through the teachings of Jesus Christ according to the King James Version Bible. It's organized for community outreach, that is, to provide food, and if possible, shelter. Also to provide christian counseling and resources to hurting men, women, children, and newly released ex-offenders re-entering society.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: as provided for in the

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Anthony Sanders, President

Address: 2701 Essex Court

Fort pierce, FL 34946

Name and Title: Cassietta Sanders, Vice President

Address: 2701 Essex Court

Fort Pierce, FL 34946

Name and Title: Pamela Moore, Director

Address: 761 SE Hollahan Ave

Port St. Lucie, FL 34983

Name and Title: Giyanna Burgess, Director

Address: 2019 Oleander Blvd, Apt B

Fort Pierce, FL 34950

Name and Title: Jamesha Bryant, Treasurer

Address: 2420 Flowers Coral Dr. Apt 290

Orlando, FL 32808

Name and Title: Alexis Sanders, Secretary

Address: 2701 Essex Court

Fort Pierce, FL 34946

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TALLAHASSEE, FL

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Name and Title: Terry Devine, Director Name and Title: \_\_\_\_\_  
 Address: 831 E Duffy St Address: \_\_\_\_\_  
Savannah, GA 31401 \_\_\_\_\_  
 \_\_\_\_\_  
 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: Anthony Sanders  
 Address: 2701 Essex Court  
Fort Pierce, FL 34946

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Anthony Sanders  
 Address: 2701 Essex Court  
Fort Pierce, FL 34946

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 SECRETARY OF STATE  
 TALLAHASSEE, FL

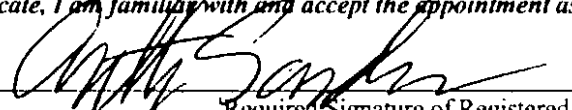
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: May 7, 2020. (OPTIONAL)

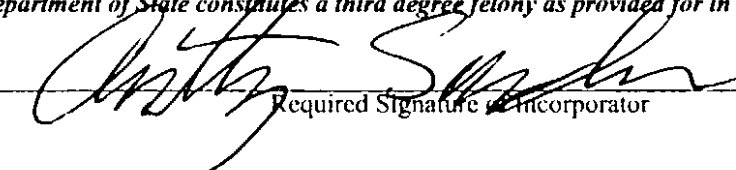
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 05/07/2020  
 Required Signature of Registered Agent 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.*

 05/07/2020  
 Required Signature of Incorporator Date