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20 MAY 15 12:06:06

J DENNIS

MAY 22 2020

COVER LETTER

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

SUBJECT: The World Serenity 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: Suzanne Smith
Name (Printed or typed)

5311 NE 2nd Ln
Address

Ocala, FL 34470
City, State & Zip

352-817-0142
Daytime Telephone number

Suzannesmith2@cox.net
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)

20 MAY 15 PM 1:06

ARTICLE I NAME

The name of the corporation shall be: The World Serenity Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5311 NE 2nd Lane
Ocala, FL 34470

Mailing address, if different is:

P.O. Box 676
Silver Springs, FL 34489

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To physically protect, aid mentally and provide nourishment
to homeless children.

To assist other non-profit organizations, such as church groups
in helping families in need.

To counsel and minister to chemically addicted persons to a better
and healthy way of life.

To seek and provide jobs for those in need.

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

Suzanne M. Smith

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Suzanne M. Smith
President, CEO

Name and Title: Suzanne M. Smith
Treasurer/ Director

Address 5311 NE 2nd Ln.
Ocala, FL 34470

Address: _____

Name and Title: Daniel L. Wann
Vice-President/Director

Name and Title: _____

Address 5311 NE 2nd Ln.
Ocala, FL 34470

Address: _____

Name and Title: Catherine Mendes DaCosta
Vice-President/Director
Officer/Secretary

Name and Title: _____

Address 3153 Steward Creek Rd.
Murfreesboro, TN 37129

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

20 MAY 15 PM 1:06

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: Suzanne M Smith
5311 NE 2nd Ln.
Address: Ocala, FL 34470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Suzanne M. Smith
Address: 5311 NE 2nd Lane
Ocala, FL 34470

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 1, 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

Suzanne Smith
Required Signature of Registered Agent

May 12, 20
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.

Suzanne Smith
Required Signature of Incorporator

May 12, 20
Date