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

SUBJECT: SOW FAITH 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: SOW FAITH MINISTRIES INC
Name (Printed or typed)

147 HAMILTON TERRACE
Address

WEST PALM BEACH FL 33414
City, State & Zip

561 574 7407
Daytime Telephone number

CLYKINGDOM222@AOL.COM
E-mail address (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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TALLAHASSEE

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

ARTICLE I NAME

The name of the corporation shall be: SOW FATH MINISTRIES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

147 Hamilton Terrace
West Palm Beach
FL. 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PHILANTHROPIC RELIGIOUS INCLUDING
Worship services, prayer meetings, emphasis on
WIDOWS ORPHANS AND STRANGERS, CLOTHES
AND Food, Personal Hygiene, Providing
HOUSES and SHEEP CENTER, SHELTER, BATH
AND LAUNDRY HERE

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Jean Candwell</u>	Name and Title:	<u>CHAIRMAN</u>
Address	<u>147 Hamilton Terrace</u> <u>West Palm Beach</u> <u>FL. 33414</u>	Address:	<u>147 Hamilton Terrace</u> <u>West Palm Beach</u> <u>FL. 33414</u>
Name and Title:	<u>Clara Smith</u>	Name and Title:	<u>VICE CHAIRMAN</u>
Address	<u>147 Hamilton Terrace</u> <u>West Palm Beach</u> <u>FL. 33414</u>	Address:	<u>147 Hamilton Terrace</u> <u>West Palm Beach</u> <u>FL. 33414</u>
Name and Title:	<u>ROSA DANIELINS</u>	Name and Title:	<u>SECRETARY</u>
Address	<u>147 Hamilton Terrace</u> <u>West Palm Beach</u> <u>FL. 33414</u>	Address:	<u>147 Hamilton Terrace</u> <u>West Palm Beach</u> <u>FL. 33414</u>

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MAY
19
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Name and Title: JOHN P. CANNON

Address: 147 HAMILTON TER.
WEST PALM BEACH
FL. 33414

Name and Title: CLEVELAND SMITH

Address: 147 HAMILTON TER.
WEST PALM BEACH
FLORIDA 33414

Name and Title: _____

Address: _____

Name and Title: JOHN DAWKINS

Address: 147 HAMILTON TER.
WEST PALM BEACH
FL. 33414

ARTICLE VI REGISTERED AGENT

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

Name: PATRICIA SAMPSON

Address: 6204 SW 7th
MARGATE FL. 33068

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CLEVELAND SMITH

Address: 147 HAMILTON TER.
WEST PALM BEACH FL. 33414

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

P. Sampson
Required Signature of Registered Agent

5-15-26
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.

C. Smith
Required Signature of Incorporator

5-15-20
Date