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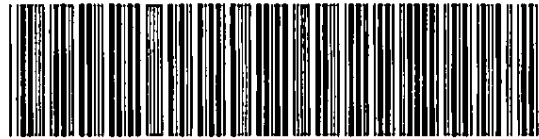
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FILED
2020 JUN 25 PM 6:19
Securities
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 JUN 25 PM 12:10

June 16, 2020

AMELIA HOUSTON
1717 CR 220 UNIT 3704
FLEMING ISLAND, FL 32003

SUBJECT: CLAY COUNTY RESCUE MISSION, INC.
Ref. Number: W20000051763

We have received your document for CLAY COUNTY RESCUE MISSION, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 920A00011846

Dear,

The correction has been made according to the wording. I

will give you an answer on my

phone call at 23.20 2 9:52 am.

Have a nice day.

Have a fantastic day. Mission



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2020

AMELIA HOUSTON
1717 CR 220 UNIT 3704
FLEMING ISLAND, FL 32003

SUBJECT: CLAY COUNTY RESCUE MISSION, INC.
Ref. Number: W20000051763

We have received your document for CLAY COUNTY RESCUE MISSION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 620A00010538

2020 JUN 12 AM 11:42

COVER LETTER

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

SUBJECT: Clay County Rescue Mission, 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: Amelia Houston

Name (Printed or typed)

1717 CR 220 Unit 3704

Address

Fleming Island, FL 32003

City, State & Zip

904-651-8767

Daytime Telephone number

alhouston33@outlook.com

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)

ARTICLE I NAME

The name of the corporation shall be: Clay County Rescue Mission, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1717 CR 220 Unit 3704

Fleming Island, Fl. 32003

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To help provide for the less fortunate individuals in the Clay County, Florida area. Provide basic needs e.g.: food, shelter, clothing,
and life skills assistance, while sharing the love of Jesus Christ. Clay County Rescue Mission will collaborate with local agencies,
and churches, to help provide the necessary resources, and education , which will promote self-sufficiency.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

at They are elected
in a general election to be held on 12-31-20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Amelia Houston- President

Address: 1717 CR 220 Unit 3704

Fleming Island, Florida 32003

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: Patty Atkinson- Director

Address: _____

2110 Stone Creek Drive Unit C

Fleming Island, Florida 32003

Name and Title: _____

Address: _____

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2020 JUN 25 PM 6:19
SECRETARY OF STATE
TALLAHASSEE, FL

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Amelia Houston

Address: 1717 CR 220 Unit 3704
Fleming Island FL 32023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Amelia Houston

Address: 1717 CR 220 Unit 3704
Fleming Island, Florida 32073

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2020 JUN 25 PM 6:19
SECRETARY OF STATE
TALLAHASSEE, FL

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

Amelia Houston
Required Signature of Registered Agent

May 15, 2020
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.

Amelia Houston
Required Signature of Incorporator

5.15.20
Date