

N210000000839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

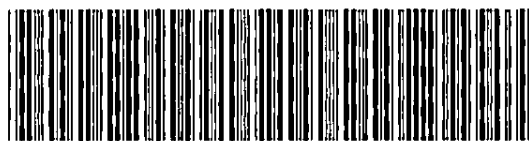
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



400358676504

01/23/21--01007--015

2021 JAN 22 AM 11:25

2020 JAN 22 PM 12:18

RECEIVED

RECEIVED

RECEIVED

COVER LETTER

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

SUBJECT: Safe Haven Outreach Ministries Inc

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
-----------------------	---------

Shawn Crockett
Name (printed or typed)

4848 Rockvale Drive
Address

Kissimmee, Florida 34758
City, State & Zip

407-301-1947
Daytime Telephone Number

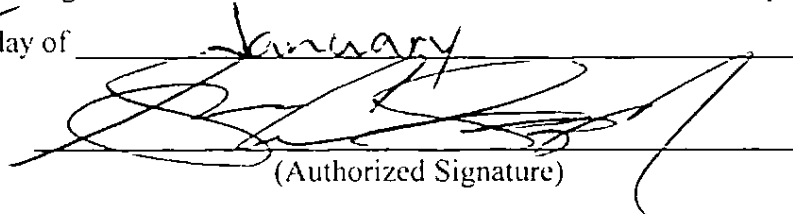
Shomi116@gmail.com
E-mail address: (to be used for future annual report notification)

**NOT FOR PROFIT
CERTIFICATE OF DOMESTICATION**

The undersigned, Shawn Crockett, Chief Executive Officer
(Name) (Title)
of Safe Haven Outreach Ministries Inc. 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 May 28th, 2008.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Fairfield County (Pickerington Ohio).
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Safe Haven Outreach Ministries Inc.
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 Safe Haven ~~Ata~~
Outreach Ministries Inc.
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 Fairfield County
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.

I am CEO of Safe Haven Outreach Ministries Inc.
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done
so this the 21st day of January, 2021


(Authorized Signature)

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

2021 JAN 22 AM 11:25

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

9001 JAN 22 PM 11:25

ARTICLE I NAME

The name of the corporation shall be:

Safe Haven Outreach Ministries Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address shall be:

Principal Address

Mailing Address

4848 Rockvale Dr.

Kissimmee, Florida

34758

4848 Rockvale Dr.

Kissimmee, Florida

34758

ARTICLE III PURPOSE

The purpose for which the corporation is organized:

Said organization is organized for charitable purposes
under section 501(c)(3) of the Internal Revenue Code, or
corresponding section of any future federal tax code.
It shall engage in ministry; development and/or oversight
of a charter school; outreach to those who are
at-risk, underprivileged, or homeless, and may at
times develop affordable housing for such
cases

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Shawn Crockett
4848 Rockledge Drive
Kissimmee, Florida 34758

ARTICLE VII INCORPORATOR

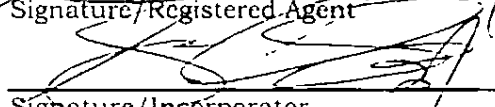
The name and address of the incorporator is:

Shawn Crockett
4848 Rockledge Drive
Kissimmee, Florida 34758

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.


Signature/Registered Agent

1/21/2021
Date


Signature/Incorporator

1/21/2021
Date

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

All directors shall be appointed by the Executive Board of Safe Haven Outreach Ministries Inc. (SHOMI)

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Title/Name

CEO Shawn Crockett

Title/Name

COO Michele Crockett

Title/Name

CFO Edward Felds II

Title/Name

Title/Name

Title/Name

2021 JAN 22 AM 11:25