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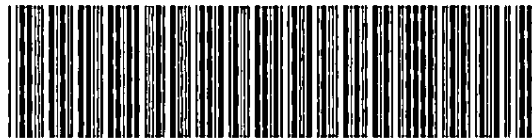
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2021 JAN 21 PM 12:52
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Father We Stretch Our Hands To Thee Ministry 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: Father We Stretch Our Hands Ministry Inc

Name (Printed or typed)

627 West Gore Ave, Apt 15

Address

Orlando, FL 32805

City, State & Zip

407-719-9961

Daytime Telephone number

shirleya101323@gmail.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: Father We Stretch Our Hands To Thee Ministry Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
627 West Gore Street

Mailing address, if different is:

Apartment 15

Orlando, FL 32805

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To spread the gospel and meet the needs of those in our community.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as per by-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shirley White- President

Name and Title: _____

Address 627 West Gore Street

Address: _____

Apartment 15

Orlando, FL 32805

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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2021 JAN 21 PM 12:52
CLERK OF DISTRICT COURT
TALLAHASSEE, FL 32301

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: Shirley White

Address: 627 West Gore Street, Apt 15

Orlando, FL 32805

ARTICLE VII INCORPORATOR

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

Name: Shirley White

Address: 627 West Gore Street, Apt 15

Orlando, FL 32805

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

Required Signature of Registered Agent

12-29-20
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.

Required Signature of Incorporator

12-29-20
Date