

N2100006474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

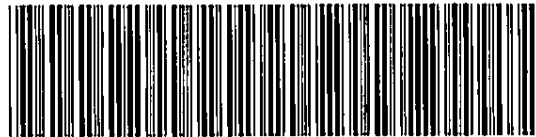
(Business Entity Name)

(Document Number)

Certified Copies ☒ Certificates of Status ☐

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TALLAHASSEE, FL

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2021 JUN -2 AM12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Polished After the Furnace Int'l 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: Doris Simpson
Name (Printed or typed)

1416 Silver Saddle Dr
Address

Tall, FL 32310
City, State & Zip

950 328-7360
Daytime Telephone number

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

FILED
2021 JUN -2 AM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: Polished After The Furnace Int'l Ministries Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1230 Blountstown Street

Tall, FL 32304

Mailing address, if different is:

P.O. Box 20788

Tall, FL 32314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Spiritual guidance, prophecy, Church
marriages, counsel

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Elected through
the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sandra Rogers
Secretary

Address: 1416 Silver Saddle Dr
Tall, FL 32310

Name and Title: _____

Address: _____

Name and Title: Breann Brown
Treasurer

Address: 1416 Silver Saddle Dr
Tall, FL 32310

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 JUN -2 AM 12:45

FILED

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: Doris Simpson

Address: 1230 Blountstown St

Tall, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Doris Simpson

Address: 1416 Silver Saddle Dr

Tall, FL 32310

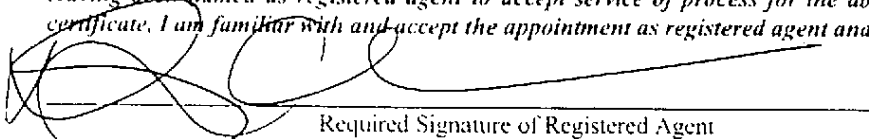
ARTICLE VIII EFFECTIVE DATE:

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.)

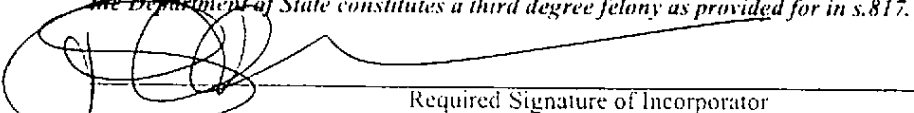
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

6/2/2021
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

6/2/2021
Date

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TALLAHASSEE, FLORIDA