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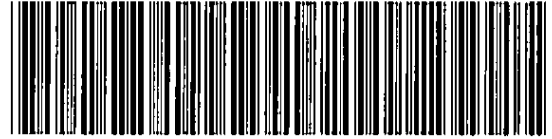
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ALLAHADSEE, LLC

2021 JUN 21 PM 12:34

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SECRETARY OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

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

**SUBJECT:** The Embassy of Life 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:** Gary Newton  
\_\_\_\_\_  
Name (Printed or typed)

1409 Daniels Street  
\_\_\_\_\_  
Address

Tallahassee, FL 32310  
\_\_\_\_\_  
City, State & Zip

407-538-9070  
\_\_\_\_\_  
Daytime Telephone number

theembassyoflife.ministries@gmail.com

E-mail address: (to be used for future annual report notification)

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

FILED

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

2021 JUN 21 PM 12: 43

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I NAME**

The name of the corporation shall be: The Embassy of Life Ministries, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1409 Daniels Street

Tallahassee

FL 32310

Mailing address, if different is:

1409 Daniels Street

Tallahassee

FL 32310

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

To communicate by teaching a simple, well-lit path for any person to live an overcoming, peaceful life; and to equip each person  
with the knowledge of their purpose according to God's original intent to see man in His image and after His likeness in order to  
influence and extend the Kingdom of God in the earth.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Appointed - AS

According to the By-Laws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Gary Newton, Director

Name and Title: \_\_\_\_\_

Address

1409 Daniels Street

Address: \_\_\_\_\_

Tallahassee, FL 32310

Name and Title: Patricia Newton, Director

Name and Title: \_\_\_\_\_

Address

1409 Daniels Street

Address: \_\_\_\_\_

Tallahassee, FL 32310

Name and Title: Sabrina Newton, Director

Name and Title: \_\_\_\_\_

Address

2109 Stryker Street

Address: \_\_\_\_\_

Orlando, FL 32805

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: Gary Newton  
 Address: 1409 Daniels Street  
 Tallahassee, FL 32310

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 SECRETARY OF STATE  
 TALLAHASSEE, FL

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**ARTICLE VII INCORPORATOR**

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

Name: Patricia Newton  
 Address: 1409 Daniels Street  
 Tallahassee, 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*

Gary Newton  
 Required Signature of Registered Agent

06/18/2021  
 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.*

Patricia Newton  
 Required Signature of Incorporator  
 Patricia Newton

06/18/2021  
 Date