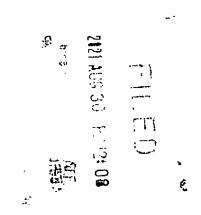


| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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06/25/21--01005--011 **137.50







FLORIDA DEPARTMENT OF STATE Division of Corporations

July 1, 2021

IMANI, ESPOIR & LOVE MINISTRIES 3709 SAN PABLO RD. S #2408 JACKSONVILLE, FL 32224

SUBJECT: IMANI, ESPOIR & LOVE MINISTRIES

Ref. Number: W21000094965



We have received your document for IMANI, ESPOIR & LOVE MINISTRIES and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 521A00015107



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 27, 2021

IMANI, ESPOIR & LOVE MINISTRIES 3709 SAN PABLO RD. S #2408 JACKSONVILLE, FL 32224

SUBJECT: IMANI, ESPOIR & LOVE MINISTRIES

Ref. Number: W21000094965

We have received your document for IMANI, ESPOIR & LOVE MINISTRIES and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

Founder is not title.

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 521A00017463

COVER LETTER

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

SUBJECT: Imani, Espoir, & Love 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
Total to domesticate and file \$78.75

OPTIONAL:

Certificate of Status

\$ 8.75

Matthew L. Marrs

Name (printed or typed)

3709 San Pablo Rd S #2408

Address

Jacksonville, FL 32224

City, State & Zip

(303) 241-5857

Daytime Telephone Number

matt.marrs@imaniespoirandlove.org

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

NOT FOR PROFIT CERTIFICATE OF DOMESTICATION

| The undersigned, Matthew L. Marrs | Director | |
|--|-------------------------------------|-----------------------|
| (Name) | | (Title) |
| Of Imani, Espoir, & Love Ministries Inc. | | foreign Corporation |
| (Corporation Narin accordance with section 617.1803, Florida S | • | |
| 1. The date on which corporation was first for | med was November 4th | , <u>2018</u> . |
| 2. The jurisdiction where the above named co came into being was Thornton, Colora | • | porated, or otherwise |
| 3. The name of the corporation immediately p was Imani, Espoir, & Love Ministries | | te of Domestication |
| 4. The name of the corporation, as set forth in | its articles of incorporation, to b | e filed pursuant to |
| s. 617.01201 and 617.0202 with this certific Imani, Espoir, & Love Ministries In | | |
| The jurisdiction that constituted the seat, sic administration of the corporation, or any otl immediately before the filing of the Certific Thornton, Colorado | her equivalent jurisdiction under | |
| Attached are Florida articles of incorporation to s. 617.1803. | on to complete the domestication | requirements pursuar |
| am Matthew L. Marrs , of Imani, Espoi | r, & Love Ministries Inc. | |
| and am authorized to sign this Certificate of Do | omestication on behalf of the corp | poration and have don |
| so this the 24th day of August | | , 2021 |
| Mathu S (Autho | orized Signature) | 30 PH 12: 0 |

Filing Fee:

Articles of Incorporation and Certified Copy

\$50.00

<u>\$78.75</u>

\$128.75

Certificate of Domestication

Total to domesticate and file

ARTICLES OF INCORPORATION

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

| ARTICLE II PRINCIPAL OFFICE | <u>E</u> | |
|--|--|--|
| Principal street addre | | Addition to them to the |
| 3709 San Pablo Rd S | os. Maining | address, if different is: |
| Apt. 2408 | | |
| Jacksonville, FL 32224 | | |
| ARTICLE III PURPOSE | | - |
| | is organized is: | |
| This organization is organized exclusive | ely for charitable, religious, and educational purpose | es under Section 501(c)(3) of the Internal |
| Revenue Code, or corresponding section | on of any future federal tax code. | |
| The mission of the organization is as st | ated: | |
| Imani, Espoir, & Love Ministries is co | emmitted to sharing the love of Jesus through disciple | eship education and compassion |
| | 3 | |
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| ARTICLE IV MANNER OF ELEC | TION The manner in which the directors are elected | and appointed. As stated in bylaws. |
| ARTICLE IV MANNER OF ELEC | TION _ The manner in which the directors are elected | and appointed: As stated in bylaws. |
| ARTICLE IV MANNER OF ELEC | TION _ The manner in which the directors are elected | and appointed: As stated in bylaws. |
| | TION _The manner in which the directors are elected AND/OR DIRECTORS | l and appointed: As stated in bylaws. |
| ARTICLE V INITIAL OFFICERS | AND/OR DIRECTORS | and appointed: |
| ARTICLE V INITIAL OFFICERS | | and appointed: |
| ARTICLE V INITIAL OFFICERS | AND/OR DIRECTORS Name and Title: | and appointed: |
| ARTICLE V INITIAL OFFICERS | AND/OR DIRECTORS Name and Title: | and appointed: |
| ARTICLE V INITIAL OFFICERS | AND/OR DIRECTORS Name and Title: | and appointed: |
| ARTICLE V INITIAL OFFICERS. Name and Title: Address | AND/OR DIRECTORS Name and Title: Address: | and appointed: |
| ARTICLE V INITIAL OFFICERS Name and Title: Address Name and Title: | AND/OR DIRECTORS Name and Title: | and appointed: |
| ARTICLE V INITIAL OFFICERS. Name and Title: Address Name and Title: | AND/OR DIRECTORS Name and Title: Address: | and appointed: |
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| ARTICLE V INITIAL OFFICERS Name and Title: Name and Title: Address Name and Title: | AND/OR DIRECTORS Name and Title: Address: Name and Title: Address: | 2121 AUG 30 PM 12: 0 |

| Name and Title | E: | Name and Title: | |
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| Address | | Address: | |
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| Name and Title | :: <u> </u> | Name and Title: | |
| Address | | Address: | |
| | | | |
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| ARTICLE VI | | | |
| The name and | Florida street address (P.O. Box NOT ad | ceptable) of the registered agent is: | |
| Name: | Matthew L. Marrs | | جم |
| Address: | 3709 San Pablo Rd S #2408 | ₽ @ | 2821 AUG 30 |
| | Jacksonville, FL 32224 | <i>*</i> | 1. S 3 |
| | | | |
| | <u>INCORPORATOR</u> | - | ** = - |
| The name and | address of the Incorporator is: | <u>,</u> | . 75 |
| Name: | Matthew L. Marrs | | PH12: 0 |
| Address: | 3709 San Pablo Rd S #2408 | • | |
| | Jacksonville, FL 32224 | | |
| <u>ARTICLE VIII</u> | EFFECTIVE DATE: | | |
| Effective date, i | 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 a | ifter the filing.) |
| Note: If the dated document's effective of the date of | te inserted in this block does not meet the ective date on the Department of State's re | applicable statutory filing requirements, this date will neecords. | ot be listed as the |
| Having been no certificate, I am | amed as registered agent to accept servic familiar with and accept the appointment | ce of process for the above stated corporation at the pla t as registered agent and agree to act in this capacity | ice designated in this |
| mass | W & maw | 08/23/2021 | |
| | Required Signature of Register | ed Agent Dat | te |
| l submit this doc the Department | cument and affirm that the facts stated her of State constitutes a third degree felony o | rein are true. I am aware that any false information subm as provided for in s.817.155, F.S. | itted in a document to |
| Smale | | | |
| - I III | M L MyWW Required Signature of Inc. | orporator Da | ate . |
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