

N220 0000 2408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

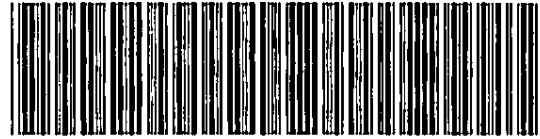
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. O'KEEFE

MAR 11 2022

✓

COVER LETTER

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

Project H.O.M.E. Ministries, Inc.

SUBJECT: _____
(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

Rev. Paul R. Wiggins

FROM: _____
Name (Printed or typed)

321 SE 5th Street, Apt 405

Address

Dania Beach, FL 33004

City, State & Zip

954-644-2648

Daytime Telephone number

pastorgreatermtzionname@aol.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

Project H.O.M.E. Ministries, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
215 NW 5th Ave

Mailing address, if different is:

Dania Beach, Florida 33004

ARTICLE III PURPOSE

See Attached

The purpose for which the corporation is organized is: _____

ARTICLE IV MANNER OF ELECTION

See Attached

The manner in which the directors are elected and appointed: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rev. Paul R. Wiggins, Chair
321 SE 3rd Street, Apt. 405
Address: Dania Beach, FL 33004

Name and Title: _____

Address: _____

Name and Title: Rev. Taura Parrish, Vice Chair
514 NW 3rd Street
Address: Dania Beach, FL 33004

Name and Title: _____

Address: _____

Name and Title: Antonio Williams, Treasurer
104 NW 11th Avenue
Address: Dania Beach, FL 33004

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

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Name and Title: Michelle Wilcox, Secretary
Address: 5201 SW 18th Street
Plantation, FL 33317

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Rev. Paul R. Wiggins
Address: 321 SE 3rd St., #405
Dania Beach, FL 33004

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TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rev. Paul R. Wiggins
Address: 321 SE 3rd St., #405

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

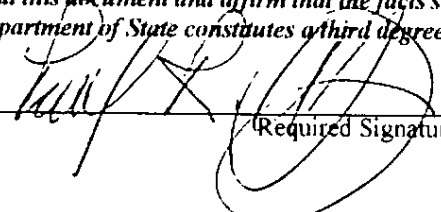


Required Signature of Registered Agent

02/14/2022

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

02/14/2022

Date