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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
W21060158358				

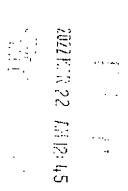
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2022

MARY FRANCES OGBURN 13506 GAMBREL CT LAUREL, MD 20708

SUBJECT: SUNSHINE OF FAITH INTERNATIONAL MINISTRIES #2

Ref. Number: W21000158358

We have received your document for SUNSHINE OF FAITH INTERNATIONAL MINISTRIES #2 and your check(s) totaling \$78.95. 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 indicate the offices the individuals hold in your organization.P- - president VP-vice president D- directors (at least 3).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

₩ wou have any questions concerning the filing of your document, please 👼 🛭

Karen Lovelace Regulatory Specialist II

Letter Number: 321A0003066

22 PN 4: 00

RECEIVED

COVER LETTER

DOC # W21000 158 358

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

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: Mary Frances Caparn
Name (Printed of typed)

13506 Gambrel Ct

Laurel, Md 26708

301-732-0461 Davine Telephone number

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

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

DOC # W2100015835?

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

The name of the corporation shall be: Signs k	loc of Faith 1	nternational Mic	istries #2.	Ziic
ARTICLE II PRINCIPAL OFFICE	,	,		
Principal <u>street</u> address: L <u>3 / 3 N. Combes</u> R.C	1. 73	Mailing address, if do	fferent is: Stree t	
LAKELAND, POLK C	cuaty	Apt 1-G		_
Lakeland, Polk C		AKelAnd Floo	7 da 33805	
ARTICLE III PURPOSE		ı		
The purpose for which the corporation is organ	ized is:	((1)		
Religion Orga	MIZUTION	(Charch)		
		······································		
ARTICLE IV MANNER OF ELECTION	The manner in which the d	rectors are elected and appoint	ed The direc	7615
Are Ameniated inductionity	vas long as	they are inga	d Standing	
re Appointed indecinited with religious	organita	ion		
ARTICLE V INITIAL OFFICERS AND/O				
Name and Title: Erry White Dir Address 730 Fast 1st S	ector Name and Ti	10: Rhonda R.	White Direc	ler
Address 730 Fast 1st S	Address:	130 East 1	51 Street	
A-12 + 1 G		A-101 1 B-		
LALE land Florio	<u> </u>	LAKe land	Horida 33	905
Name and Title: Anthony 1. 1111	Och Di Rector	le:		
Address 13/5 N Vivinio	(1)			
	Tori da		277.	
33 80.5				
Name and Title 1) Q. v. F. Coburn.	President and Tim	le:	73	
	e/C+ Address:		<u> </u>	
Laurel Md			(2) ————————————————————————————————————	
20708			<i>□</i> ;	

Name and Title:	Name and Title:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Address	Address:	
Name and Title:	Name and Title:	W. T. Carlotte
Address	Address:	· · · · · · · · · · · · · · · · · · ·
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT	f acceptable) of the registered agent is:	
Name: Ahonda N.	While antid	
Address: 710 East /5/	HPT 1 G	
LAKELAND 7/01	1da 3 3 903	· . 20
ARTICLE VII INCORPORA <u>TO</u> R		
The <u>name and address</u> of the Incorporator is:		, 5
Name: Mary Flances	Capara	. 2
Address: 13506 Gambiel	1 C.t	A: 12: 45:
LAurel, Mld 20	5708	<u>:</u> :: ::
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be spec	. (OPTIONAL	
Note: If the date inserted in this block does not meet document's effective date on the Department of State	the applicable statutory filing requirement	
Having been named as registered agent to accept so certificate, I am familiar with and accept the appointn	ervice of process for the above stated cor went as registered agent and agree to act in	poration at the place designated in this this capacity
Phonolia Riva Required Signature of Regi	te Minacter	03/15/2022 Date
I submit this document and affirm that the facts stated the Department of State constitutes a third degree felo	therein are true. I am aware that any falso my as provided for in s.817.155, F.S.	information submitted in a document to
Muy Inres Juple Required Signature of	Desilint Description	13/15/11/20 Date
/ Required Signature of	greenpeanor	/7