

N2200000296A

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

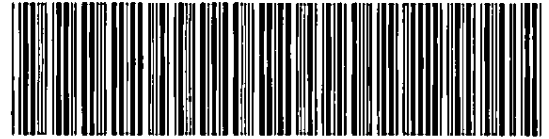
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2022 MAR 28

PM 2:20

2022 MAR 28

PM 2:28

PM 2:30

COVER LETTER

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

SUBJECT: Destiny Psalm 46 Outreach Ministry
(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: Maggie A. Patterson
Name (Printed or typed)

P.O. Box # 14452
Address

Tallahassee Florida 32308
City, State & Zip

850-597-1928
Daytime Telephone number

DestinyPsalm46@gmail.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

The name of the corporation shall be: Destiny Psalm 46 Outreach Ministry INC

ARTICLE II PRINCIPAL OFFICE

6835 Chisholm Ct. Est.
Principal street address:
P.O. Box #14452
Tallahassee, FL
32308

Mailing address, if different is:

P.O. Box #14452
Tallahassee, FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Outreach helping feeding homeless,
preaching, etc.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As stated in
Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Judith Monpas Name and Title: _____
Address: 6835 Chisholm Ct. Est. Address: _____
Tallahassee, FL 32311

Name and Title: Maggie Pittman Name and Title: _____
Address: 6755 Veterans Memorial Address: _____
Tallahassee, FL 32309

Name and Title: Alida Bendit Name and Title: _____
Address: 6835 Chisholm Ct. Address: _____
East.
Tallahassee, FL
32309

2022-11-28 PM 2:30

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 for the registered agent's.)

Name: ~~Destiny Plam 46 Outreach Ministry~~ Maggie Patterson
Address: 6835 Chisholm Ct. Est.
Jacksonville, Florida 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maggie Patterson
~~Destiny Plam 46 Outreach Ministry~~
Address: 6835 Chisholm Ct. Est.
Jacksonville, FL 32311

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

Maggie Patterson
Required Signature of Registered Agent

3/28/2022
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.

Maggie Patterson
Required Signature of Incorporator

3/28/2022
Date