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COVER LETTER

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

SUBJECT:	Vision	Hinistries	Of Florida Inc.
	(P	ROPOSED 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 □ \$87.50

& Certified Copy

Filing Fee. Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Halcolm Dixon
Name (Printed or typed)

15114 NW 134th ter
Address

Alachua, FL 32615
City. State & Zip

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

ARTICLES OF INCORPORATION

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

The name of the corporation shall be: VISION H	inistries	of florida	Inc.	·
ARTICLE II PRINCIPAL OFFICE				
Principal street address: 15114 PW 134th ter		Mailing address, if di	fferent is:	
Alachna, Fl 32615		SAMe		
The purpose for which the corporation is organized is: 1 Marchent that focuses on our goals are to provide to Communities. a su to provide Genty used and new projections Suitable for Jub	Creating utritionally le low in Science	and enhancing trich meals normal women women of the come women of the comen of the	g the in 100 and M. Persor	Community Jincorne en With nd Cane
Name and Title: Maluam Dixon Address 15/14/4W 134+4 TELAJOCHUA, F/3265	Name and Title:	President		-
Name and Title:Address			COMPORTAL STREET	RECEIVE
Name and Title:Address			TATIONS RCIAL VICES	D : 26

Name and Title:		Name and Title:		
Address		Address: _		
_		-		
Name and Title:_		Name and Title:		
Address		Address: _		
_		-		
	<u>REGISTERED AGENT</u> rida street address (P.O. Box NOT accep	table) of the regist	ered agent is:	
Name:	Makolm Dixon			
Address:	15/14 YN 134th ter			
Name: Address:	Iress of the Incorporator is: Malcolm Dixon 1514 NW 134th te Alachulu 113265	<u>v</u>		
RTICLE VIII I ffective date, if o If an effective da	ther than the date of filing: $y - 6 - 3$ te is listed, the date must be specific and	کے کے d cannot be more	(OPTIONAL) than five days prior or 90 days after	the filing.)
ocument's effecti	nserted in this block does not meet the applyed date on the Department of State's record	rds.		
ertificate 1 ans fai	ed as registered agent to accept service of milior with and accept the appointment as	j process jor ine registered agent a	nd agree to act in this capacity	
JV			4-4-22	~
submit this docum to Department of	Required Signature of Registered A rept and offirm that the facts stated herein State constitutes a third degree follows as p.	are true. I am aw	Date are that any false information submitted 7.155, F.S. 4-4-2	
//-/-	Required Signature of Incorpo	orator	Date	
			·	