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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

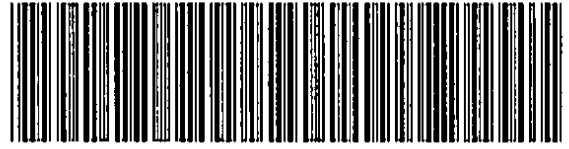
(Business Entity Name)

(Document Number)

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MAY - 6 2022

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COVER LETTER

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

SUBJECT: Break The Chains 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: Marie West
Name (Printed or typed)

581 N. Park Avenue, #684
Address

Apopka FL 32704
City, State & Zip

321-948-1736
Daytime Telephone number

breakthechains.888@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: Break The Chains Ministry, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
581 N. Park Avenue
684
Apopka FL 32704

Mailing address, if different is:

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CORPORATION

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Break The Chains Ministry works to educate, empower and provide resources and tools including biblical and legal perspectives. Through supportive services, we strive for freedom of all victims to be set free from the chains that binds them in their challenging domestic violence, abuses and/or human trafficking situations.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The Directors shall be elected by a majority vote of the members of this corporation

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marie West, President
Address: 581 N. Park Avenue
684
Apopka FL 32704

Name and Title: Atty. Lisa Hahn, Director
Address: 1220 Commerce Park Dr.
Suite 207
Longwood FL 32779

Name and Title: Atty. John Klein, Director
Address: 999 Douglas Avenue
Suite 3309
Altamonte Springs FL 32714

Name and Title: Pastor Keith Richardson, Director
Address: 2703 Springfield Drive
Ocoee FL 34761

Name and Title: Peter Elizabeth Edon, Director
Address: 5016 Duban Avenue
Belle Isles FL 32812

Name and Title: Daniel Rivera, Director
Address: 681 Jupiter Beach Road
Groveland FL 34736

Name and Title: Sherly Manche, Secretary Name and Title: _____
Address: P.O. Box 2316 Address: _____
Apopka FL 32704 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Marie West
Address: 581 N. Park Avenue, #684
Apopka FL 32704

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Marie West
Address: 581 N. Park Avenue, #684
Apopka FL 32704

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

Marie West
Required Signature of Registered Agent

1/22/22
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.

Marie West
Required Signature of Incorporator

1/22/22
Date