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(Requestor's Name)

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(City/State/Zip/Phone #)

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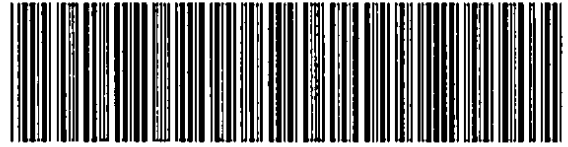
(Business Entity Name)

(Document Number)

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DIVISION OF REVENUE  
22 JAN 27 AM 9:05

J DENNIS  
MAY - 6 2022

## 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:

22 JAN 27

AM 9:05

**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. John Klein, Director

Address: 999 Douglas Avenue  
Suite 3309

Altamonte Springs FL 32714

Name and Title: Peter Elizabeth Edon, Director

Address: 5016 Duban Avenue  
Belle Isles FL 32812

Name and Title: Atty. Lisa Hahn, Director

Address: 1220 Commerce Park Dr.  
Suite 207

Longwood FL 32779

Name and Title: Pastor Keith Richardson, Director

Address: 2703 Springfield Drive  
Odessa FL 34761

Name and Title: Daniel Rivera, Director

Address: 681 Jupiter Beach Road  
Groveland FL 34736

Name and Title: Sheri 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