

N220 00004541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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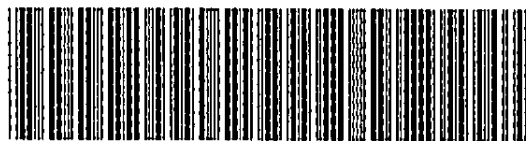
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. O'KEEFE

MAY 11 2022

## COVER LETTER

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

**SUBJECT:** Divine Family Fellowship Incorporated

(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:** Jonathan B. Graham  
\_\_\_\_\_  
Name (Printed or typed)

8785 Moss Haven Rd  
\_\_\_\_\_  
Address

Jacksonville, Florida 32221  
\_\_\_\_\_  
City, State & Zip

904-514-0193  
\_\_\_\_\_  
Daytime Telephone number

bishopjbgraham@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: Divine Family Fellowship Incorporated

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

8785 Moss Haven Road

Jacksonville, Florida 32221

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Divine Family Fellowship Incorporated is organized exclusively for  
charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations  
that qualify as exempt organizations described under Section 501(c)(3) of the Internal Revenue Code or corresponding section of  
any future federal tax cod. Dissolution of Assets Provision-upon the dissolution of Divine Family Fellowship Incorporated, assets  
shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or  
corresponding section of any future federal tax code or shall be distributed to the federal government or to a state or local  
government for a public purpose. Any such assets not disposed of by a court of competent jurisdiction in the county in which the

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Appointed

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Jonathan B. Graham-President</u>	Name and Title:	<u>Patricia A. Graham-Treasury</u>
Address	<u>8785 Moss Haven Road</u>	Address:	<u>8785 Moss Haven Road</u>
	<u>Jacksonville, Florida 32221</u>		<u>Jacksonville, Florida 32221</u>
<hr/>			
Name and Title:	<u>Alphonso L. Smith-1st Vice President</u>	Name and Title:	<u>Veronica E. Bell-Secretary</u>
Address	<u>117 Brushy Lake Way</u>	Address:	<u>10317 Planters Wood Dr.</u>
	<u>Cary, North Carolina 27513</u>		<u>Jacksonville, Florida 32218</u>
<hr/>			
Name and Title:	<u>Roderick S. Love, Sr.-2nd Vice President</u>	Name and Title:	<u></u>
Address	<u>2537 Armor Court</u>	Address:	<u></u>
	<u>Jacksonville, Florida 32254</u>		<u></u>
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**SUBJECT: Divine Family Fellowship Incorporated**

**ARTICLE III** PURPOSE CONTINUED: principle office of Divine Family Fellowship Incorporated is located, exclusively for such purposes or to such organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

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) of the registered agent is:

Name: Jonathan B. Graham \_\_\_\_\_

Address: 8785 Moss Haven Road \_\_\_\_\_

Jacksonville, Florida 32221 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Roderick S. Love, Sr. \_\_\_\_\_

Address: 2537 Armor Court \_\_\_\_\_

Jacksonville, Florida 32254 \_\_\_\_\_


**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.)

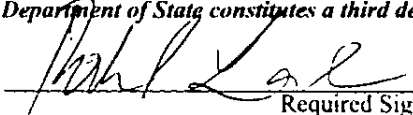
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

X  \_\_\_\_\_  
Required Signature of Registered Agent

4-11-2022  
Date

**submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to Department of State constitutes a third degree felony as provided for in §817.155, F.S.**

 \_\_\_\_\_  
Required Signature of Incorporator

4/11/2022  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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