

NZ2000006115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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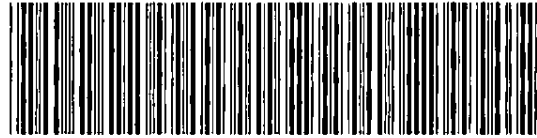
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: On Point For God Ministries, Inc
(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: Wendy White
Name (Printed or typed)

515 Sand Pine Dr
Address

Midway, FL 32343
City, State & Zip

786-559-6158
Daytime Telephone number

OnPointforGodMinistries@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: On Point For God Ministries Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

515 Sand Pine Dr
Midway, FL 32343

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Strengthen the Homeless community with hope through Fellowship, Food and Services to their overall well being health, education while improving quality of life in the homeless community

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

Voted in

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Derrick Fields

Address: 515 Sand Pine Dr
Midway FL 32343

director
Name and Title: Joshua Shroyer

Address: 13235 NW Miami Ct
Miami FL 33168

Name and Title: Elma Allen (d)

Address: 1453 NW 40st
Miami FL 33142

Name and Title: Juan Carlos Zuniga (VP)

Address: 2350 NW 208st
Miami FL 33056

Name and Title: Jasmine Walker (PS)

Address: 1453 NW 40st
Miami FL 33142

Name and Title: Shannon Shroyer (S)

Address: 13235 NW Miami Ct
Miami FL 33168

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STATE

Name and Title: Wendy White director Name and Title: _____
Address: 515 Sand Pine Dr Address: _____
Midway Fl 32343 _____

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: Wendy White
Address: 515 Sand Pine Dr
Midway Fl 32343

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STATE OF FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Wendy White
Address: 515 Sand Pine Dr
Midway, Fl 32343

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

Wendy White
Required Signature of Registered Agent

6/8/22
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.

Wendy White
Required Signature of Incorporator

6/8/22
Date