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Office Use Only



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RECEIVED

COVER LETTER

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

SUBJECT:	On_{-}	Point	FOR	God	Minist	ries.Inc
_		(PROPOSED	CORPORATE	E NAME – <u>MUST</u>	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

□S78.75

Filing Fee & Certified Copy \$87.50

Filing Fee. Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

Uniton thor God Ministries. Ognail. 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 III PURPOSE The purpose tor which the corporation is organized is: Streng Strengthen the Homeless Community With hope though Fellowship, Food and Services to thier 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:	ARTICLE I NAME The name of the corporation shall be: On Point For God Ministries Inc.
Midway, F1 32343 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Streng Strengthen the Homeless Community With hope though Fellowship, Food and Serwices to theer 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: When and Title: Derrick Fields Name and Title: Joshua Shrayer Address SIS Sand Pine Dir Address: 13235 NW Miami C+ Midway F1 32342 Miami F1 33148 Name and Title: Elma Allen (a) Name and Title: Juan Carles Zoniga (49) Address 1453 NW 4054 Address: 2350 NW 268854	ARTICLE II PRINCIPAL OFFICE
The purpose for which the corporation is organized is: Streng Strengthen the Homeless Community With hope though Fellowship, Food and Serwices to thier Overall Well being health, education while impressing quality of life in the homeless Community ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Woted in Address SIS Sand Pine Pic Address: 13235 NW Miami Ct Midway F133343 Name and Title: Elma Allen (Address: Juan Caales Zoniga (Art) Name and Title: Elma Allen (Address: Juan Caales Zoniga (Address: 1453 NW 405t Address: 2350 NW 2088 St	515 Sand Pine Dr Same
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Midway F132343 Mian: #133148 Name and Title: Elma Allen (d) Name and Title: Juan Carlos Zuniga (b) Address 1453 NW 4054 Address: 2350 NW 2085	ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
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Address 1453 NW 4057 Address: 2350 NW 20 857	
Address 1453 NW 4057 Address: 2350 NW 200 857	Name and Title: Elma Allen (a) Name and Title: Juan Carlos Zuniga (89)
	Address 1453 NW 405+ Address: 2350 NW 2085+
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Name and Title: Jasmine Walke (DS) Name and Title: Shannon Shroyer (S)	Name and Title: Jasmine Walke (DS) Name and Title: Shannon Shroyer (S)
Address 1453 NW 40St Address: 13235 NW Miamit Ct	Address 1453 NW 40St Address: 13235 NW Miamit Ct
Miami F1 33142 Miami F1 33168	
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Name and Titl Address	E. Wendy White Name and Title: 515 Sand Pink Paddress: Michay F1 32343	_		
Name and Titl Address	e:			
ARTICLE VI The name and Name: Address:	REGISTERED AGENT 1 Florida street address (P.O. Box NOT acceptable) of the registered agent is: 1		2022 JUN -8	
	1 INCORPORATOR 1 address of the Incorporator is: 515 Sand Pine DR Midway, F132343	PU SHATE	AM IO: 36	Ö
Effective date (If an effective Note: If the context of the contex	II EFFECTIVE DATE: . if other than the date of filing: . if other than the date of filing: . (OPTIONAL) we date is listed, the date must be specific and cannot be more than five days prior or 90 days af date inserted in this block does not meet the applicable statutory filing requirements, this date will not ffective date on the Department of State's records.			
certificate, La	named as registered agent to accept service of process for the above stated corporation at the plant to familiar with and accept the appointment as registered agent and agree to act in this capacity. Required Signature of Registered Agent Date	8	7	€
I submit this of the Department	document and affirm that the facts stated herein are true. I am aware that any fulse information submit no of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature of Incorporator	ned in	a doc	ument to