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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. O'KEEFE

JUN 20 2022

COVER LETTER

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

SUBJECT: POINTE OF GRACE PROJECT 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: LOVETTE DOBSON

Name (Printed or typed)

17350 STATE HWY 249 #220

Address

HOUSTON, TX 77064

City, State & Zip

888-462-3453

Daytime Telephone number

EFILE1234@INCFIL.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:

POINTE OF GRACE PROJECT INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1433 SE CAMBRIDGE DR

PORT SAINT LUCIE, FLORIDA 34952

ST. LUCIE

Mailing address, if different is:

1433 SE CAMBRIDGE DR,

PORT SAINT LUCIE, FLORIDA 34952

ST. LUCIE

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide christain yoga worship, retreats, and education programs as a ministry of the flumc.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: BY EWS

INITIAL OFFICERS AND/OR

ARTICLE V DIRECTORS

Name and Title: Rev Lenora Rousseau (DIRECTOR)

Address

1433 Se Cambridge Dr.

Port Saint Lucie FL 34952

Name and Title: Francoise Long (DIRECTOR)

Address:

3515 Nw 65th Ln,

Gainesville FL 32653

Name and Title: Meghan Williams (DIRECTOR)

Address

2705 Nw 156th Ave,

Gainesville FL 32609

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: LEGALINC CORPORATE SERVICES INC.

Address: 5237 SUMMERLIN COMMONS SUITE 400

FORT MYERS 33907

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LOVETTE DOBSON

Address: 17350 STATE HWY 249 #220

HOUSTON, TX 77064

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 TALLAHASSEE, FLORIDA

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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

Wesley Dolan
 Required Signature of Registered Agent

05/23/2022

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.

Lovette Dobson

05/23/2022