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JUL 27 2022

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22 JUL 27 AM 12:55

COVER LETTER

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

SUBJECT: John Garry 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: James R. Stockton III
Name (Printed or typed)

P.O. Box 285
Address

Ponte Vedra Beach, FL 32204
City, State & Zip

904-699-0009
Daytime Telephone number

AdventuresinGodsCreation@gmail.com
E-mail address: (to be used for future annual report notification)

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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: John Garry Ministries Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

113 1st Ave. North

Jacksonville Beach, FL 32250

Mailing address, if different is:

P.O. Box 285

Ponte Vedra Beach, FL 32004

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Support Pastor John Garry,
Orphanages, Crisis Relief, Rescue and Recovery Training,
and all in need through John Garry Ministries / Church.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James R. Stockton III President Name and Title: _____

Address: P.O. Box 285 Address: _____

Ponte Vedra Beach FL 32004

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

22 JUL 27 AM 12:55

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: James R. Stockton III

Address: 113 1st Ave. North

Jacksonville Beach, FL 32250

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James R. Stockton III

Address: P.O. Box 285

Ponte Vedra Beach FL 32004

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

[Signature]
Required Signature of Registered Agent

7/27/22
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.

[Signature]
Required Signature of Incorporator

7/27/22
Date