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ALLAHASSEE, FLOR

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RECEIVED

COVER LETTER

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

SUBJECT: GOD's House for Miracles 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: Voise Paden
Name (Printed or typed)

656 Liberty Rd.
Address

Quincy FL 32351
City, State & Zip

850-210-8006
Daytime Telephone number

Vpaden1957@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:

GOD'S House for Miracles Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

656 Liberty Rd
Quincy, FL 32351

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The mission of GOD'S House for Miracles is to teach, train and empower the community of Faith. To build a safe environment for people that are hurting, broken and displaced. To bring restoration and reunification to broken families.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Voted upon

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

President

Name and Title:

Voise Paden

Address:

656 Liberty Rd
Quincy FL 32351

Address:

Name and Title:

Vice President

Name and Title:

Pamela Andrews

Address:

2920 Centerville Rd
Tallahassee, FL 32357

Address:

Name and Title:

Secretary

Name and Title:

Shantric Paden

Address:

111 Englishard Way
Altapulcus, GA 3985

Address:

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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: VOISE Paden
Address: 656 Liberty Rd.
Quincy FL 32357

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pamela Andrews
Address: 2920 Genterville Rd.
Tallahassee, FL 32308

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: November 8²² (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

Vaise Paden
Required Signature of Registered Agent

11-8-22
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.

Pamela Andrews
Required Signature of Incorporator

11-8-22
Date

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