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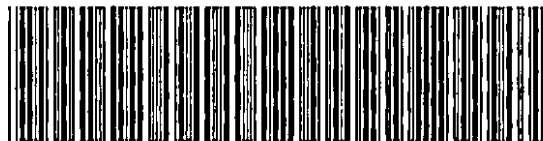
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: God's Bait Bucket Ministries, INC.
501 C. CORPORATION
(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: E. J. Farmer
Name (Printed or typed)

5218 BERRY PATCH RD.
Address

DOVER, FLA - 33527
City, State & Zip

813-478-3656
Daytime Telephone number

E. J. FARMER 04@gmail.com
E-mail address: (to be used for future annual report notification)
ejfarmer4@gmail.com

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 BAIT Bucket Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

5218 Berry Patch Rd.
Dover, Florida 33527

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Help People Understand
That The Hope of The Gospel and Knowing
It is By Grace Alone Through
Faith in Jesus Christ Alone and
You Must Be Born Again—

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Through
Monthly Minutes Meetings and Election.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ed Farmer President Name and Title: _____

Address: 5218 Berry Patch Rd. Address: _____

Dover, FLA 33527

Name and Title: Deborah L. Farmer VP Name and Title: _____

Address: 5218 Berry Patch Rd. Address: _____

Dover, FLA
33527

Name and Title: Duane Vance D Name and Title: _____

Address: 116 Euclid Loop Address: _____

Seffner, FLA
33524

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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: EJ Farmer
Address: 5218 Berry Patch Rd
Dover, GA 33527

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: EJ Farmer
Address: 5218 Berry Patch Rd
Dover, GA 33527

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/17/22 (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

X EJ Farmer
Required Signature of Registered Agent

12/13/22
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

12/13/22
Date