

N/23 0000002070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

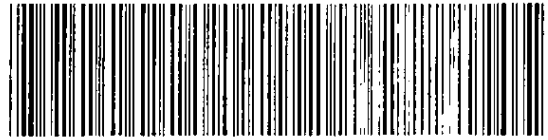
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700402208357

FILED

23 FEB 27 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/27/23--01009--014 **87.50

RECEIVED

2023 FEB 27 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: The Focus Walk Ministries
(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

SECRETARY OF STATE
TALLAHASSEE, FL 32304

23 FEB 27 AM 9:02

FILED

FROM: Sarinthia Shama
Name (Printed or typed)

2353 Mission Rd B3
Address

Tallahassee FL 32304
City, State & Zip

(917) 916-7619
Daytime Telephone number

sarinthia50@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: The Focus Walk Ministries INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2353 Mission Rd B3
Tallahassee, FL 32304

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To form a None Profit Church. To form a church to reach the souls of people and in need of spiritual guidance

FILED
23 FEB 27 AM 9:02
TALLAHASSEE, FL 32304

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: by the by laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Pastor
Name and Title: Sarinthia Shame ^{VD}

Address: 2353 Mission Rd B3
Tallahassee, FL 32304

Name and Title: Deborah Lee D

Address: 2353 Mission Rd B3
Tallahassee, FL 32304

Name and Title: Maritza LEE D

Address: 2353 Mission Rd B3
Tallahassee, FL 32304

Name and Title: _____

Address: _____

Name and Title: Deanne Smalls D

Address: 2353 Mission Rd B3
Tallahassee, FL 32304

Name and Title: _____

Address: _____

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: Sarinthia Shama

Address: 2353 Mission Rd B3
Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Sarinthia Shama

Address: 2353 Mission Rd
Tallahassee, FL 32304

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

Sarinthia Shama
Required Signature of Registered Agent

2-27-23
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.

Sarinthia Shama
Required Signature of Incorporator

2-27-23
Date

FILED
23 FEB 27 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA