

N23000002117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

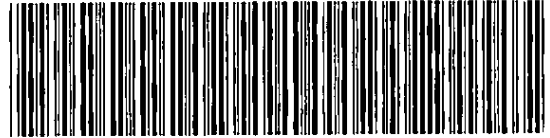
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TALLAHASSEE, FL

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COVER LETTER

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

Santa Fe Swamp Lilies Ministry of Love Inc.

SUBJECT: _____
(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

Elias Grady Hartzog +
FROM: Honor S. Hartzog
Name (Printed or typed)

223 SW Knight Terrace
Address

Fort White, FL 32038
City, State & Zip

803-671-4899
Daytime Telephone number

love4everychild@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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TALLAHASSEE, FL

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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

Santa Fe Swamp Lilies Ministry of Love, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
223 SW Knight Terrace

Fort White

Florida 32038

Mailing address, if different is:

P.O. Box 59

Branford

Florida 32008

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To facilitate exposure to and experience of the restorative power of God's wonderful world of nature, all of its healing vibrations,

thus offering comfort to the weary and worn.

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

Elected at the annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elias Grady Hartzog, CEO

P.O. Box 59

Address: Branford

FL 32008

Name and Title: Scott Diffenderfer, CMO

8623 SW 10th Road

Address: Gainesville

FL 32607

Name and Title: Anthony Russell, S

P.O. Box 182

Address: Elkton

FL 32033

Name and Title: Honor. S. Hartzog, COO

P.O. Box 59

Address: Branford

FL 32008

Name and Title: Shannon Hardin, CFO

480 SW Remington Ct.

Address: Lake City

FL 32024

Name and Title: _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FL

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: ELIAS GRADY HARTZOG
223 SW Knight Terrace
Address: Fort White, FL 32038HJ

ARTICLE VII INCORPORATOR

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

Name: Honor S Hartzog
223 SW Knight Terrace
Address: Fort White, FL 32038

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


Required Signature of Registered Agent

02/10/2023
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.


Required Signature of Incorporator

02/10/2023
Date

email: love4everychild@gmail.com

DEPARTMENT OF STATE
TALLAHASSEE, FL

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