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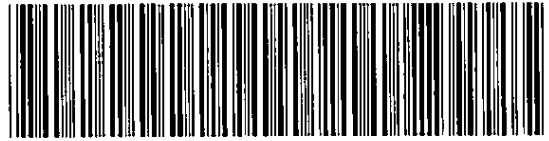
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: United Providers 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: Linda Lowe  
Name (Printed or typed)

12788 Gillard Rd  
Address

Winter Garden, FL 34787  
City, State & Zip

407-877-3267  
Daytime Telephone number

Linda@lecomp.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: United Providers Ministries Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
12788 Gillard Rd

Mailing address, if different is:

Winter Garden, FL 34787

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The purpose of this ministry is to provide food to those in need, and  
to minister to the community as needed.

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Linda Lowe, President

Name and Title: \_\_\_\_\_

Address: 12788 Gillard Rd

Address: \_\_\_\_\_

Winter Garden, FL 34787

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2023 MAR 28 AM 9:15  
CLERK OF DISTRICT COURT  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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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: Linda Lowe \_\_\_\_\_

Address: 12788 Gillard Rd \_\_\_\_\_

Winter Garden, FL 34787 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Linda Lowe \_\_\_\_\_

Address: 12788 Gillard Rd \_\_\_\_\_

Winter Garden, FL 34787 \_\_\_\_\_

**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*

Linda K. Lowe  
Required Signature of Registered Agent

\_\_\_\_\_  
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.*

Linda K. Lowe  
Required Signature of Incorporator

\_\_\_\_\_  
Date