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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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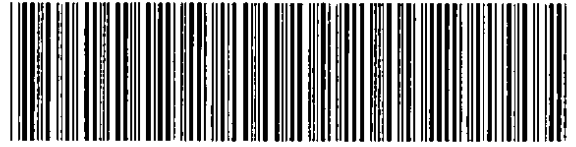
(Business Entity Name)

(Document Number)

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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

**SUBJECT:** Stay Grounded Ministry, 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: Carl J Howell

\_\_\_\_\_  
Name (Printed or typed)

1672 El Camino Rd Apt. 4

\_\_\_\_\_  
Address

Jacksonville, FL 32216

\_\_\_\_\_  
City, State & Zip

904-654-1048

\_\_\_\_\_  
Daytime Telephone number

Carl.Howell59@yahoo.com

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

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**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: Stay Grounded Ministry, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1672 EL Camino Rd.

Apt 4

Jacksonville, FL 32216

Mailing address, if different is:

1672 EL Camino Rd.

Apt 4

Jacksonville, FL 32216

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Church Ministry,

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: As stated by the bylaws

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

Name and Title: Carl J. Howell, President

Address: 1672 EL Camino Rd

Apt 4

Jacksonville, FL 32216

Name and Title: Alma Harris, Secretary

Address: 2019 Wright Ave

Jacksonville, FL 32207

Name and Title: Tracy Williams, Treasurer

Address: 1712 Lee Janzen Dr

Kissimmee, FL 34744

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

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

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

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

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

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

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STATE OF FLORIDA

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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: Carl J Howell

Address: 1672 EL Camino RD Apt 4

Jacksonville, FL 32216

**ARTICLE VII INCORPORATOR**

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

Name: Carl J. Howell

Address: 1672 EL Camino RD Apt 4

Jacksonville, FL 32216

**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*

*Carl J Howell*

Required Signature of Registered Agent

*06/30/2023*

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.*

*Carl J Howell*

Required Signature of Incorporator

*06/30/2023*

Date

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DEPARTMENT OF STATE  
CORPORATION SERVICES

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Stay Grounded Ministry, Inc. ("Stay Grounded Ministry")  
Director and Officer Annual Conflict of Interest Statement

1. Name: CARL J. HOWELL Date: 06/30/2023

2. Position:

Are you a voting Director? Yes ☒ No ☐

Are you an Officer? Yes ☐ No ☒

If you are an Officer, which Officer position do you hold:

President

3. I affirm the following:

I have received a copy of the Conflict of Interest Policy. CJH (initial)

I have read and understand the policy. CJH (initial)

I agree to comply with the policy. CJH (initial)

I understand that Stay Grounded Ministry is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes. CJH (initial)

4. Disclosures:

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with Stay Grounded Ministry?

Yes ☐ No ☒

i. If yes, please describe it: \_\_\_\_\_

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy?

Yes ☐ No ☐

b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with Stay Grounded Ministry? Yes ☐ No ☒

i. If yes, please describe it, including when (approximately): \_\_\_\_\_

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy?

Yes ☐ No ☐

5. Are you an independent director, as defined in the Conflict of Interest policy? Yes ☒ No ☐

a. If you are not independent, why?

Date: \_\_\_\_\_

Signature of Chair/President or Director

Carl J Howell

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CLERK OF SUPERIOR COURT  
STATE OF MICHIGAN

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