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## **COVER LETTER**

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

SUBJECT:	DAY BY DAY MINISTRIES, INC.			
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )			
Enclosed is an original and	one (1) copy of the Arti	cles of Incorporation and	a check for :	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	<ul><li>✗ \$87.50</li><li>Filing Fee,</li><li>Certified Copy</li><li>&amp; Certificate</li></ul>	
		ADDITIONAL CO	PY REQUIRED	
FROM:	James R. Long		_	
	Name (Printed or typed)			
	1416 Drayton Ct.			

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

Oriango, Fl 32825

accpaypro@gmail.com

(407) 859-3498

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

Address

City, State & Zip

Daytime Telephone number

## ARTICLES OF INCORPORATION

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

	NAME corporation shall be:	AY MINISTRI	ES, INC.	
	PRINCIPAL OFFICE			
	Principal <u>street</u> address:		Mailing address, if different	is:
	1036 E. BUCHANON AVE.			
	ORŁANDO, FL 32809			
ARTICLE III The purpose for	PURPOSE which the corporation is organized is:		·	
This Organiza	tion is organized exclusively for Cha	ritable purposes	s under Section 501(c)(3) of	the Internal
Revenue Code	e, or corresponding sections of any f	uture federal tax	code. The specific Charita	able purpose
will be Food re	elief for the Poor within the meaning	of section 501(c	:)(3). Upon the dissolution (	of this
	assets shall be distributed for one or			
	e Internal Revenue Code, or correspo			
	the federal government, or to a state			17.7
ARTICLE IV	MANNER OF ELECTION The manner			
	As provided for in the Bylaws		0	00 may
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	<u> PRS</u>	<u>.</u>	M10:45
Name and Title:	James R. Long - President	Name and Title:	Scott T. MacGregor - Tre	
Address	1416 Drayton Ct.	Address:	718 Mendoza Dr.	
	Orlando, Fl 32825	_	Orlando, FI 32825	
Name and Title:	Robert C. Wilson - Vice-President	Name and Title:		
Address	4839 Grovement PI.	Address:		<del></del>
-	Orlando, Fl 32808	_		
Name and Title:	Jan E. Gaines - Secretary	Name and Title:_		
Address	4600 Cranston PI.	Address:		
	Orlando El 32812			

Name and Title:_	<u> </u>	Name and Title:	<del></del>
Address _		Address:	
•			
Name and Title:_		Name and Title:	
Address _		Address:	
<u>-</u>			
	<u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT ac	cceptable) of the registered agent is:	
Name:	James R. Long		
Address:	1416 Drayton Ct.		
	Oriando, FI 32825		2024.
	INCORPORATOR  ddress of the Incorporator is:		2024 JAH 16 TALLAHASS
Name:	James R. Long		MH10: 45
Address:	1416 Drayton Ct.		57
Effective date, if	Orlando, Fl 32825  EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific		or or 90 days after the filing.)
	inserted in this block does not meet the tive date on the Department of State's	e applicable statutory filing requirements, records.	this date will not be listed as the
		ice of process for the above stated corporate as registered agent and agree to act in the	
	-	erein are true. I am aware that any false inj as provided for in s.817.155, F.S.	formation submitted in a document to  //o/24  Date