

N24000005446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

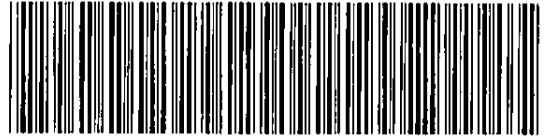
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800428482448

FILED

2024 APR 30 AM 9:47

DEPT OF STATE
TALLAHASSEE, FL

RECEIVED

2024 APR 30 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N24000070357
N24000067536

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 04/30/2024

NAME: PASTORIA RESTORATION MINISTRY, INC.

TYPE OF FILING: ARTICLES

COST: 78.75

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



FILED
2024 APR 30 AM 9:47
CLERK OF STATE
TALLAHASSEE, FL

Please file ASAP if possible
Thank you!

COVER LETTER

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

SUBJECT: PASTORIA *Restoration* 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: TRUSTEEINC
Name (Printed or typed)
P.O. BOX 381134
Address
MIAMI, FL 33238
City, State & Zip
786-400-8765
Daytime Telephone number

Trusteeinc@gmail.com

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

DEPARTMENT OF STATE
TALLAHASSEE, FL

2024 APR 30 AM 9:47

FILED

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

Name of the corporation shall be: PASTORIA Restoration MINISTRY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
7509 S.W. 67th. Ct.

Mailing address, if different is:

N/A

Ste. A

N. Lauderdale, FL 33068

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For all legal purpose, permitted by the St. of Florida.

Literary-at-Risk Ministry, Mentoring, Special Events, Reseach, Publishing and Media Productions.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By Executive Board

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PATRICIA EDWARDS-BURTON, CHR.D

Name and Title: _____

Address 7509 S.W. 67th. Ct.

Address: _____

Ste. A

N. Lauderdale, FL 33068

Name and Title: KEECO BURTON, VP/S/ D

Name and Title: _____

Address 7509 S.W. 67th. Ct.

Address: _____

Ste. A

N. Lauderdale, FL 33068

Name and Title: Renae Taylor, T/D

Name and Title: _____

Address 7509 S.W. 67th. Ct.

Address: _____

Ste. A

N. Lauderdale, FL 33068

2024 APR 30 AM 9:47
CLERK OF STATE
TALLAHASSEE, FL

FILED

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: TRUSTEEINC

Address: 7900 NW 27th. Ave. Ste. A04A

Miami, FL 33147

ARTICLE VII INCORPORATOR

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

Name: TRUSTEEINC

Address: 7900 NW 27th. Ave. Ste. A04A

Miami, FL 33147

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/24/2024. (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

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted as 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

04/24/2024

04/24/2024

Date

FILED
2024 APR 30 AM 9:47
TALLAHASSEE, FL
DEPARTMENT OF STATE