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## COVER LETTER

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

**SUBJECT:** Love Grace and Guidance 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:** Farwa Qazalbash (Instant Nonprofit Inc)  
Name (Printed or typed)

6218 Georgia Ave N.W. Unit #1104  
Address

Washington, DC 20011

City, State & Zip

303-306-4669

Daytime Telephone number

support@instantnonprofit.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: Love Grace and Guidance Ministry Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
2441 SE SHELL AVE

PORT SAINT LUCIE FL 34952-6857

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: We provide faith based guidance, emotional support, resources and a safe place for hurting individuals struggling with negative emotions, addiction, life's issues and struggles, through hope in Jesus Christ.

We are dedicated to addressing the diverse needs of individuals, aiming to remove barriers hindering a fulfilling life. Through substance abuse and mental health awareness, education, and counseling, we empower individuals to overcome challenges.

Collaborating with local community resources, we target basic needs, while also fostering healthy family dynamics through parenting education and workshops. Recognizing the importance of investing in youth, we provide education on life skills, future goals, and the benefits of a drug-free lifestyle.

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

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

Name and Title: Albania Alardo, President

Address: 2441 SE SHELL AVE  
PORT SAINT LUCIE FL 34952-6857

Name and Title: Albania Alardo, Director

Address: 2441 SE SHELL AVE  
PORT SAINT LUCIE FL 34952-6857

Name and Title: Maria Grullon, Treasurer

Address: 2441 SE SHELL AVE  
PORT SAINT LUCIE FL 34952-6857

Name and Title: Maria Grullon, Director

Address: 2441 SE SHELL AVE  
PORT SAINT LUCIE FL 34952-6857

Name and Title: Aida Castro, Secretary

Address: 2441 SE SHELL AVE  
PORT SAINT LUCIE FL 34952-6857

Name and Title: Aida Castro, Director

Address: 2441 SE SHELL AVE  
PORT SAINT LUCIE FL 34952-6857

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: Albania Alardo \_\_\_\_\_

Address: 2441 SE SHELL AVE  
PORT SAINT LUCIE FL 34952-6857  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Albania Alardo \_\_\_\_\_

Address: 2441 SE SHELL AVE  
PORT SAINT LUCIE FL 34952-6857  
\_\_\_\_\_

**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*

*Albania Alardo*

06 / 17 / 2024

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.*

*Albania Alardo*

06 / 17 / 2024

Required Signature of Incorporator

Date

## **Addendum to the Articles of Incorporation**

### **Article IX: Purpose Clause**

This organization is organized exclusively for charitable, educational, religious, and/or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, and shall not inure benefit or earnings to any private shareholder or individual.

### **Article X: Dissolution Clause**

Upon the winding up and dissolution of this organization, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation, or corporation which is organized and operated exclusively for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. This may include distribution to another tax-exempt organization under Section 501(c)(3), or the assets may be distributed to the federal government, or to a state or local government, for a public purpose.

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

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

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

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

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2024