

N24000010128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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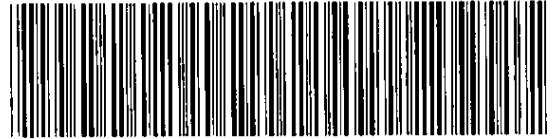
(Business Entity Name)

(Document Number)

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08/22/24--01011--001 **87.50

COVER LETTER

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

SUBJECT: Shamya Tolbert Mobley 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: Shamya Mobley
Name (Printed or typed)

682 Addison Longwood Terrace Apt 222
Address

Longwood FL 32750
City, State & Zip

702-517-0067
Daytime Telephone number

ShamyaTolbert27@gmail.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: Shamya Tolbert Mobley Ministries, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

682 Addison Longwood Terrace

apt 222

Longwood Florida 32750

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To help Christians grow in their faith
through Biblical Principles.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Networking
and meetings.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shamya Mobley, Founder Name and Title: Allen Mobley, Vice President

Address: 682 Addison Longwood Terrace Address: 682 Addison Longwood Terrace
apt 222 apt 222
Longwood Florida 32750 Longwood Florida 32750

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Shanya Mobley

Address: 682 Addison Longwood Terrace apt 222
Longwood Florida 32750

ARTICLE VII INCORPORATOR

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

Name: Shanya Mobley

Address: 682 Addison Longwood Terrace apt 222
Longwood FL 32750

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

Shanya Mobley
Required Signature of Registered Agent

08-18-24
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.

Shanya Mobley
Required Signature of Incorporator

08-18-24
Date