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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
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FLORIDA PROFIT/NON PROFIT CORPORATION

Heavenly Manna Ministry, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FL

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Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: Kingdom Support Ministries Incorporated

(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: Erik Treutlein, Legalzoom.com, Inc.

Name (Printed or typed)

9900 Spectrum Drive

Address

Austin, TX 78717

City, State & Zip

323 962-8600 ext. 9724

Daytime Telephone number

ramanagement@legalzoom.com

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

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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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 NAMEThe name of the corporation shall be: Heavenly Manna Ministry, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address:4239 W Commercial BlvdTamarac, FL 33319

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Please see attachment

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The method by
 which the directors of the corporation are elected or appointed will be stated in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Shellnell Pettiford (P. D)Address: 4239 W Commercial BlvdTamarac, FL 33319Name and Title: Paulette Stennett (T. D)Address: 4239 W Commercial BlvdTamarac, FL 33319Name and Title: Emari Brown (S. D)Address: 4239 W Commercial BlvdTamarac, FL 33319

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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 FALLAHASSEE, 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: Shellnell PettifordAddress: 4239 W Commercial Blvd_____

_____ Tamarac, FL 33319**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Shellnell PettifordAddress: 4239 W Commercial BlvdTamarac, FL 33319**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*_____
Shellnell Pettiford
Required Signature of Registered Agent8-7-24
Date

Shellnell Pettiford

*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.*_____
Shellnell Pettiford
Required Signature of Incorporator8-7-24
Date

Shellnell Pettiford

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 TALLAHASSEE, FLORIDA