X124000014736

(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



800434320718

98,00,25772.020 7024 7**7**2 40



COVER LETTER

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

SUBJECT: Beaching Out Ministry Foundation Inc.

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

\$87.50 Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: <u>Helleta S. Simms</u>
Name (Printed or typed)

1504 Washington Street

Hollywood, FL 33020

(561) 481-3350 Davtime Telephone number

reaching out ministry foundation ogmail. (om

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

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

The name of the corporation shall be: Reaching	Out Ministry Foundation Inc.
ARTICLE II PRINCIPAL OFFICE	·
Principal <u>street</u> address: 1504 Washington Stra Hollywood, FL 33020	Mailing address, if different is:
THINGWOOD, FL 30020	<u> </u>
ARTICLE III PURPOSE	Es ascil individuals and
The purpose for which the corporation is organized is:	To assit individuals and of financial needs for living
AN DONGE MED TO DE	ovide food and Clothing
to those in need.	orial toog and Clouring
10 Anuse in Thea.	
	
ARTICLE IV MANNER OF ELECTION The manner	er in which the directors are elected and appointed: Through in Rivi
ARTICLE V INITIAL OFFICERS AND/OR DIRECT	<u>'ORS</u>
Name and Title: Kelleta S. Simms-	Director Kislait Prudent - Director
Address 1504 Washington St	Address: 1504 Washington St
Hollywood, FL 33020	Hollywood, FC 33020
Director	Director
Name and Title: Andic Reynolds	Name and Title:
Address 1504 Was Kington St	Address:
Holly wood, At 33020	
Director.	
Name and Title:	Name and Title:
Address	_ Address:
	. 0

Name and Tide:	Name and Title:	
Address	Address:	
_		
Name and Title:	Name and Title:	
Address	Address:	
	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) of the registered agent is:	
	nelleta S. Simms	2(
Name:	1504 Washington Street	[F] 2024 DEC
Address:		
	NCORPORATOR	A 9: 10
Name:	Kislait Prudent	0
Address:	1504 Washington Street	
	Hollywood, FL 33020	
ARTICLE VIII	EFFECTIVE DATE:	
	ther than the date of filing:	the filing.)
	nserted in this block does not meet the applicable statutory filing requirements, this date will not be ve date on the Department of State's records.	listed as the
	ed as registered agent to accept service of process for the above stated corporation at the place domiliar with and accept the appointment as registered agent and agree to act in this capacity	^l esignated in this
	Required Signature of Registered Agent Ty 2. 2024 Date	L
	nent and affirm that the facts stated herein are true. I am aware that any false information submitted State constitutes a third degree felony as provided for in s.817.155, F.S.	in a document to
	Required Signature of Incorporator Date	

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

The name of the corporation shall be: Praching O ARTICLE II PRINCIPAL OFFICE	lut Ministry Foundation Inc.
Principal street address: 1504 Washington Street 1+ollywood, FL 33020	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is: To families in need of Expenses. Also to prote to those in need.	s assit individuals and financial needs for living wide food and Clothing
ARTICLE IV MANNER OF ELECTION The manner is ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	n which the directors are elected and appointed: Through intervi
Name and Title: Kelleta S. Simms-P Address 1504 Washington St Hollywood, FL 33020 Director	nirector Kislait Prudent - Director Address: 1504 Washington St Hollywood, FC 33020 Director
1001	Address:
Name and Title:	Name and Title:

Name an! Title:	Name and Title:		_	
Address	Address:		_	
			_	
Name and Title:	Name and Title:		_	
Address	Address:		_	
			_	
ARTICLE VI REGISTER	RFD AGENT			
The name and Florida street	t address (P.O. Box NOT acceptable) of the registered agent is:			
	ileta S. Simms	50°	2024	
	Washington Street	F11	2024 DEC 19	Contraction of the Contraction o
Holly	ywood, FL 33020	72. Co		1
`		(7)。 [7]:" [7]。。	ΑH	() () () () () () () () () ()
ARTICLE VII INCORPO			9	
Name: KiS	Slait Prudent	Ä	0	
	4 Washington Street			
Holl	ywood, FL 33020			
ARTICLE VIII EFFECTI	IVE DATE:			
	the date of filing: (OPTIONAL) d, the date must be specific and cannot be more than five days pri	ior or 90 days afte	er the	filing.)
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	this date will not	be liste	d as the
	istered agent to accept service of process for the above stated corpor h and accept the appointment as registered agent and agree to act in th		: desig	nated in this
	KN:mis	July 2. 200	4	
Re	equired Signature of Registered Agent	Date	1	
	affirm that the facts stated herein are true. I am aware that any false in stitutes a third degree felony as provided for in s.817.155, F.S.	formation submitt	ed in a	docum e nt to
	Required Signature of Incorporator	Date		