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SECRETARY OF STATE  
DIVISION OF STATE  
JAN 10 2025  
BY LLS

## COVER LETTER

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

**SUBJECT:** Cover the Children Ministries Emmanuel, 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:** Murvel E. Williams  
Name (Printed or typed)

4574 Grandview Glen Dr.  
Address

Auburndale, FL33823  
City, State & Zip

7149266933  
Daytime Telephone number

Will\_murvel@yahoo.com  
E-mail address: (to be used for future annual report notification)

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JUN 10 2004  
TALLAHASSEE, FL 32314

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

**ARTICLE I NAME**

The name of the corporation shall be: Cover the Children Ministries Emmanuel, inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

4574Grandview Glen Dr

Auburndale, Fl33823

Mailing address, if different is:

4574 Grandview Glen Dr

Auburndale, FL 33823

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Church services through teaching, ministering  
the Word, discipleship and training and Bible  
School.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_

They were selected by two-thirds approval of the Board members.

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

Name and Title: Murvel E. Williams, President Name and Title: Dr. Maizie Williams, Exe. Officer

Address: 4574 Grandview Glen  
Dr.

Address: 4574 Grandview Glen  
Dr.

Auburndale, FL33823

Fl 33823

Name and Title: Carolyn Cole, Board  
member

Name and Title: Dr. Mackisha Davis,  
Board Member

Address: 1444 Arches PK  
Beaumont, Cal 92223

Address: 11716 Gayview, La  
Miranda, Cal 90638

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

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

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

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

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SECRETARY OF STATE  
JAN 10 2011  
DA 6:11 PM

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

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

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\_\_\_\_\_

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: Dr. Maizie Williams

Address: 4574 Grandview Glen Dr.

Auburndale, FL33823

**ARTICLE VII INCORPORATOR**

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

Name Murvel E. Williams

Address: 4574 Grandview Glen Dr.

Auburndale, FL33823

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: December 26, 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

12/26/24  
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.*



Required Signature of Incorporator

12/26/24  
Date

FILED  
DIVISION OF STATE  
SECRETARY OF STATE  
DATE 12/26/24 PM 4:15