N11000087929

(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

300210523833

08/23/11--01001--007 **87.50

RECEIVED
11 AUG 22 PM 4:05
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. Stevens AUG 22 2011

FILED
11 AUG 22 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: ZIKLAG 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: BEN LAMONT DENSON
Name (Printed or typed)

1894 S. E. BANDIT ROAD
Address

MADISON, FL. 32340
City, State & Zip

(850) 464-7500
Daytime Telephone number

bdenson87@yahoo.com
E-mail address: (to be used for future annual report notification)

FILED
11 AUG 22 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ZIKLAG MINISTRIES INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address: 1894 S.E. BANDIT ROAD, MADISON, FLORIDA 32340

Mailing address, if different is: P.O. BOX 184, GREENVILLE, FLORIDA 32331

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CHURCH MINISTRIES

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: EVERY 2 YEARS by majority vote of current Directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BEN LAMONT DENSON, PRESIDENT
Address: 1894 S.E. BANDIT ROAD, MADISON, FLORIDA 32340

Name and Title: CHARLA PRICE DENSON / TREASURER
Address: 1894 S.E. BANDIT ROAD, MADISON, FLORIDA 32340

Name and Title: CHARVON D. MONLYN, SECRETARY
Address: 133 S.W. JEANETTE CIR. APT. 8, MADISON, FLORIDA 32340

FILED
11 AUG 22 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: BEN LAMONT DENSON
Address: 1894 S.W. BANDIT ROAD, MADISON, FLORIDA 32340

ARTICLE VII INCORPORATOR

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

Name: BEN LAMONT DENSON
Address: 1894 S.E. BANDIT ROAD, MADISON, FLORIDA 32340

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

Ben L. Denson
Required Signature of Registered Agent

08-22-2011
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.

Ben L. Denson
Required Signature of Incorporator

8-22-2011
Date