## N11000011818

(Requestor's Name)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Document Number)				
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FILED:
1 DEC 27 PN 1: 40
SECRETARY OF STATE

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## **COVER LETTER**

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

SUBJECT: Mount Olive House of Prayer (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed is an original and one (1) copy of the Artic	les of Incorporation and	l a check for :			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate			
	ADDITIONAL CO	OPY REQUIRED			
FROM: Pastor Elifrance Du	DEC 27 PP				
2262 Chaffee Rd. S		PH 1: 43 PETATE E. FLORIDA			
Jacksonville, FL 32221  City, State & Zip					
904-477-1312 Daytime Tele	ephone number	_			
Eli_Dukes2@ya	hoo.com	ion)			

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 13, 2011

PASTOR ELIFRANCE DUCLOS 2262 CHAFFEE RD. S JACKSONVILLE, FL 32221

SUBJECT: MOUNT OLIVE HOUSE OF PRAYER

Ref. Number: W11000062194

RECEIVED DEC 2 7 200

Letter Number: 611A00027797

We have received your document for MOUNT OLIVE HOUSE OF PRAYER and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section

www.sunbiz.org

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

AR1	ICLE I	NAME

Mount Olive House of Prayer CORPORATION

The name of the corporation shall be:

ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	2262 Chaffee Road South		
	Jacksonville, FL 32221		
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
Section 501(c)(3) powers under which may be amended,	of the Internal Revenue Code (or corresponding sec ch a non-profit corporation organized under the pro-	ction of any future F visions of the Florida an be authorized to	able, and educational purposes within the meaning of Federal tax codes). As such, it will exercise any and all a Not For-Profit Corporation Act, as from time to time exercise. The church will be operated exclusively for ber, director or officer.
ARTICLE IV	MANNER OF ELECTION The manner i	n which the directo	ors are elected and appointed:
Each Directo	or (i.e., Trustee) is elected every four	years by the r	membership of the church.
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT		
	itle: Elifrance DuClose, President	Name and Titl	
Address:	2262 Chaffee Road, South Jacksonville, FL 32221	Address:	2558 Spring Pond Lane
	Jacksonville, FL 32221		Jacksonville, FL 32221
Name and 1	itle: Wesley Francois, Vice President	Name and Titl	le:Rosalie Datalus
Address:	2558 Spring Pond Lane		2222 Justin Lake Dr.
	Jacksonville, FL 32221	_	Jacksonville, FL 32221
		<del></del>	
Name and 1 Address:	itle: Michee DuClos, Secretary		le:
Address.	2262 Chaffee Rd., S. Jacksonville, FL 32221	Address:	
	Jacksonvine, 1 L J2221		
ARTICLE VI	REGISTERED AGENT	_	DEC DEC
	prida street address (P.O. Box NOT acceptable)	of the registered ag	ent is: C 2
Name:	Elifrance DuClos	registered ag	
Address:	2262 Chaffee Rd., S		ma n
	Jacksonville, FL 32221	<u>.                                    </u>	<b>- 子の 全 し</b>
			PLOSED TO THE PROPERTY OF THE
ARTICLE VII	INCORPORATOR NAME OF THE VI	*** PPPP/M	TVE DATE 43
	dress of the Incorporator is:	LII EFFECT	IVE DATE
Name:	Elifrance DuClos	01_01_1	2
Address:	2262 Chaffee Rd., S.		2
	Jacksonville, FL 32221	<u> </u>	
		_	
laving been nam	ted as registered agent to accept service of production	ess for the above	stated corporation at the place designated in this
ernjicale, i am ja	miliar with and accept the appointment as registe	erea agent ana agr	ee to act in mis capacity
	All lacence Mission		17 00 2011
	Réquired Signature of Registered Agent		12-08-20//
			Date
submit this docu	ment and Affirm that the facts stated herein are	true. I am aware t	hat any false information submitted in a document
o the Department	of State constitutes a third degree felony as provi	ided for in s.817.15	75, F.S.
	Melonico Muchos		12-08-2011
	Required Signature of Incorporator	•	Date