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COVER LETTER

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

SUBJECT: MOUNT SINAI AFRICAN METHODIST EPISCOPAL CHURCH OF TALLAHASSEE, FL, 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: MT. SINAI AFRICAN METHODIST EPISCOPAL CHURCH OF TALLAHASSEE, FL, INC.
Name (Printed or typed)

5998 Apalachee Parkway
Address

Tallahassee, FL 32331
City, State & Zip

5998 Apalachee Parkway Telephone number

R hargrett@aol.com
E-mail address: (to be used for future annual report notification)

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: **MOUNT SINAI AFRICAN METHODIST EPISCOPAL CHURCH OF TALLAHASSEE, FLORIDA, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
5998 Apalachee Parkway
Tallahassee, Florida 32311

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To minister to the spiritual, intellectual, physical, emotional, and environmental needs of all people by spreading Christ's liberating gospel through word and deed.

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

The Directors/Stewards are nominated by the Pastor, and submitted to the Quarterly Conference for confirmation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Willis E. Saunders, Pastor Name and Title: Allean Austin, Officer/Steward
Address: 2503 Sr. Williams Street Address: 6130 Trailwood Court
Tallahassee, FL 32310 Tallahassee, FL 32311

Name and Title: Herbert Pompey, Officer/Steward Pro Tem Name and Title: _____
Address: 918 Hastie Road Address: _____
Tallahassee, FL 32305 _____

Name and Title: Betty Hargrett, Officer/Steward Name and Title: _____
Address: Rt. 32, Box 60 Address: _____
Ajax Road _____
Tallahassee, FL 32311 _____

ARTICLE VI REGISTERED AGENT

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

Name: Betty Hargrett
Address: Rt. 32, Box 60
Ajax Road
Tallahassee, FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Willis E. Saunders
Address: 2503 Sr. Williams Street
Tallahassee, FL 32310

TALLAHASSEE, FLORIDA
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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

Betty Hargrett
Required Signature of Registered Agent

September 13, 2012
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.

Willis E. Saunders
Required Signature of Incorporator
Willis Saunders

September 13, 2012
Date