

N 14000007217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

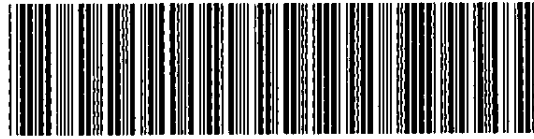
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
14 AUG -4 PM 2:06
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
14 AUG -4 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JF 8/4/14

COVER LETTER

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

SUBJECT: NEW Journey Baptist Church 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: Tony Kelly/Carol Jones
Name (Printed or typed)

3472 N. Monroe St
Address

Tallahassee FL 32303
City, State & Zip

850-528-4558
Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG -11 PM 2:21

FILED

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

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

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: New Journey Baptist Church INC 2:24

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3472 N. Monroe St.
Tallahassee, Fl. 32303

Mailing address, if different is:

Same

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To start church for worship
in the local community for who so ever wants to
attend.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By process
Church membership votes

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tony Keeley, Pastor Name and Title: _____

Address: 3542 Lakeshore Dr Address: _____
Tallahassee, Fl.
32302

Name and Title: Judy Brooks, Treasurer Name and Title: _____

Address: Treasurer Address: _____
715 Tong Hill Dr
Tallahassee, Fl 32317

Name and Title: Glenda Money Name and Title: _____

Address: Secretary Address: _____
8473 Manor Dr
Tallahassee, Fl. 32303

APPROVED
AND
FILED

14 AUG -4 PM 2:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Tony Kelly
Address: 3472 North Monroe St.
Tallahassee, Fl. 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tony Kelly
Address: 3472 North Monroe
Tallahassee, Fl. 32303

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

Tony Kelly
Required Signature of Registered Agent

8-4-2014
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.

Tony Kelly
Required Signature of Incorporator

8-4-2014
Date