

NK5000005009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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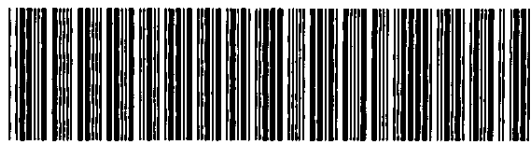
(Business Entity Name)

(Document Number)

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05/18/15--01032--016 \*\*78.75

15 MAY 18 AM 10:14  
TALLAHASSEE FLORIDA

**COVER LETTER**

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

SUBJECT: Next Level Christianity 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: Daniel Adams  
Name (Printed or typed)

313 Hickory Drive  
Address

Maitland, FL 32751  
City, State & Zip

434-203-2380  
Daytime Telephone number

~~daniel~~ danielahs44@gmail.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: Next Level Christianity Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

295 Gary Blvd  
Longwood FL 32750

Mailing address, if different is:

313 Hickory dr  
Maitland FL, 32751

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To reach the unreached with the good news of Jesus Christ. To equip believers for the works of the ministry. To bring hope to the hopeless.

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

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

Name and Title: Daniel Adams (P)  
Address: 295 Gary Blvd  
Longwood FL 32750

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

Name and Title: Kimberly Adams (VP)  
Address: 295 Gary Blvd  
Longwood FL 32750

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

Name and Title: Aiden Adams (VP)  
Address: 295 Gary Blvd  
Longwood FL 32750

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

FILED  
15 MAY 18 AM 10:14  
TALLahassee, FL

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: Daniel Adams

Address: 295 Gary Blvd.  
Longwood FL, 32750

15 MAY 18 AM 10:14  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Daniel Adams

Address: 2-95 Gary Blvd.  
Longwood FL, 32750

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

5-15-15  
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

5-15-15  
Date