

F1600003881

(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:

no cert
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no purpose
00659

W16000037624

Office Use Only



000289211040

08/18/16--01020--004 **78.75

FILED
16 AUG 29 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06
8/31



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2016

SUE BEUTLER
1065 E MOREHEAD ST
CHARLOTTE, NC 28204

SUBJECT: EVELATION CHURCH (INC)
Ref. Number: W16000057624

RECEIVED
16 AUG 29 PM 12:39
FALL 2016

We have received your document for EVELATION CHURCH (INC) and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Octavia I Simmons
Regulatory Specialist II
Registration Section

Letter Number: 716A00017569

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elevation Church (Inc)

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Sue Beutler

Name of Person

Johnston, Allison & Hord

Firm/Company

1065 East Morehead St.

Address

Charlotte, NC 28204

City/State and Zip Code

gsessions@elevationchurch.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sue Beutler

704

998-2317

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. Elevation Church (Inc)
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
Elevation Church Florida, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. North Carolina 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 3, 2013 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)
6. August 1, 2016
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 11416 E. Independence Blvd., Suite N, Matthews, NC 28105
(Principal office address)

(Current mailing address, if different)
8. organized to operate and function as a church in all its religious & charitable *Divit*
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Capitol Corporate Services, Inc.
Office Address: 155 Office Plaza Drive, Suite A
Tallahassee, Florida 32301
(City) (Zip Code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dorian Case, asst. sec.
(Registered agent's signature)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA
STATE

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Steven Furtick

Address: 11416 E. Independence Blvd., Suite N

Matthews, NC 28105

Vice President: _____

Address: _____

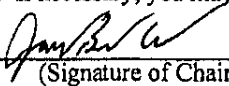
Secretary: James Brett Corbett

Address: 11416 E. Independence Blvd., Suite N, Matthews, NC 28105

Treasurer: James Brett Corbett

Address: 11416 E. Independence Blvd., Suite N, Matthews, NC 28105

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. James Brett Corbett, Secretary

(Typed or printed name and capacity of person signing application)

FILED
16 AUG 29 AM 10:10
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

ELEVATION CHURCH

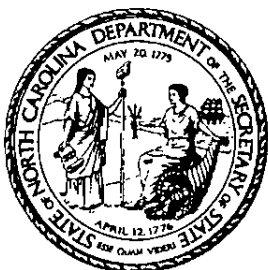
is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 24th day of June, 2005 , with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of August, 2016.

Elaine F. Marshall

Secretary of State



Scan to verify online.