

TRANSMITTAL LETTER

**0020000006248**

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

SUBJECT: Labor For The Harvest Christian Center 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:

Dr. Janet L. Clary  
Name (Printed or typed)

1726 Saxon Street  
Address

Tallahassee, FL 32310  
City, State & Zip

850-561-0593  
Daytime Telephone number

500007606405--9  
-09/09/02--01079--001  
\*\*\*\*\*80.00 \*\*\*\*\*78.75

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

RECEIVED  
02 SEP - 9 PM 2:37  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314  
02 SEP - 9 PM 2:46

302 31722

9/9/02  
TS

# ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

## ARTICLE I NAME

The name of the corporation shall be:

Labor For The Harvest Christian Center Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1135 West Orange Ave  
Tallahassee, FL 32305

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Church

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

IS appointed by the Directors at an Annual mtg.

## ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

Dr. Janet L. Clary (Pastor) D  
1126 Saxon Street  
Tallahassee, FL 32310

Karen Miller, Administrator D  
Peneia Darity, Financial Secretary D  
Linda Ross, Assistant D

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Dr. Janet L. Clary  
1126 Saxon Street  
Tallahassee, FL 32310

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr. Janet L. Clary  
1126 Saxon Street  
Tallahassee, FL 32310

\*\*\*\*\*

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.

Sept, 10, 02  
Date

Dr. Janet L. Clary  
Signature/Incorporator/ REGISTERED AGENT

Sept. 10, 02  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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