

N03000001326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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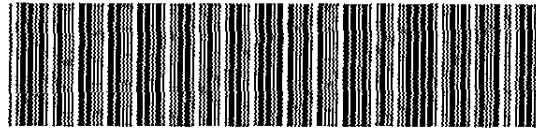
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLINTON COUNTY, FLORIDA
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: GATEWAY - CHURCH OF BLESSINGS 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: GATEWAY - CHURCH OF BLESSINGS IN
Name (Printed or typed)

929 DELEON AVENUE
Address

TITUSVILLE, FLORIDA 32780
City, State & Zip

321-383-1027
Daytime Telephone number

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:

GATEWAY - CHURCH OF BLESSINGS INC.

ARTICLE II PRINCIPAL OFFICE

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

929 DELEON AVENUE, TITUSVILLE, FLORIDA 32780

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:

APPOINTED

ARTICLE V INITIAL DIRECTORS/OFFICERS

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

1- REVEREND CEDRIC MAEWEATHERS-PRESIDENT/DIRECTOR

2- -VICE PRESIDENT

3- CATHERINE DEJESUS -ASSISTANT DIRECTOR

4- GUSSIE MCDANIEL -FINANCIAL OFFICER

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

CEDRIC M. MAEWEATHERS

929 DELEON AVENUE

TITUSVILLE, FLORIDA 32780

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CEDRIC M. MAEWEATHERS

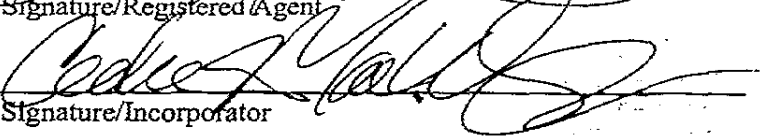
929 DELEON AVENUE

TITUSVILLE, FLORIDA 32780

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.


Signature/Registered Agent

1-9-02
Date


Signature/Incorporator

1-9-02
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA