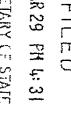
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(Requestor's Name)				
(Ac	idress)			
(Address)				
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	ocument Number)			
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
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	Office Use Onl	/		



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TRANSMITTAL LETTER

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

subject: Allen ch	apel Method	list Churc	6 (A.M.E.) Church	Inc.
	(PROPOSED CORPO	RATE NAME – <u>M</u> I	UST'INCLUDE S	SUFFIX) /	

nclosed is an original a	nd one(1) copy of the arti	icles 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: Mary C. William 5
Name (Printed or typed)

P.O. Box 477
Address

Timmorkalee Fla. 34143
City, State & Zip

(239) 657-4166
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:

Allon Chapol A.M. E. Church, Inc.

ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be: 208 South 3rd Street P.O. BOX 411 - Immohalee, Fla, 34143
RO. BOX 411 - Immorfalce, Fla, 34143
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Church
Cruren
ARTICLE IV MANNER OF ELECTION
The manner in which the directors are elected or appointed:
Pastor is appointed annuall by the Presiding
Pastor is appointed annuall by the Presiding Officers are appointed and/or nominated and elected by Pastor and Congregational members.
by Pastor and Congregational members
The name and addresses: Tractee
Kinest Freeman 324 S. 2Nd St. Immorfalce, Fla. 34143
Phyliss tryson williams Trustee 500 Bi wood Drive
The name and addresses: Trusfee Ernest Freeman? 324 s. 2Nd St. Immorfalce, Fla. 3414: Phylisz Fryson Williams-Trusfee 500 Pi; wood Drive Mary C. Williams-Steward-6045, 5th St. Immorfalce, Fla. Georgia Aller St.
Georgia Allen-Steward 4108,6th st. Immohales, Fla. 34142 Willian Freeman Steward AGENT AND STREET ADDRESS
Willian Freeman - Stewart
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS
ine name and Florida street address of the registered agent is:
Geraldine Miller
701 South 5th St.
Immokalce Flo. 94143 ARTICLE VII INCORPORATOR
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Mary C. Williams
604 5, 5th Sty Turne Kalua Ela 34143

aving been named as registered agent to accept service of process for the above stated corporation at the place designated
this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.
Mhall as Alliain 3/201-1
Maria Barriana A Again
gnature/Registered Agent Date
Man A. Williams 2/01/21
opatural morporator
ghature/Incorporator Date