

N05000004229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

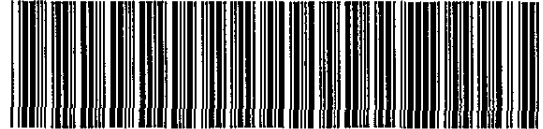
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 APR 20 P 2:17

FILED

TRANSMITTAL LETTER

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

SUBJECT: Church of Acts Fellowship, 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: Susan Smallwood
Name (Printed or typed)

3320 SE 17 ST
Address

Ocala FL 34471
City, State & Zip

352-861-8986
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:

Church of Acts Fellowship, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5320 SE 17 ST
Ocala, FL 34471

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ministry Fellowship group

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Susan Smallwood, 5320 SE 17 ST Ocala, FL 34471, P.
Kevin Smallwood, 5320 SE 17 ST Ocala, FL 34471, VP.

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Yazmin Ramos
6730 SW 129 CP
Ocala, FL 34473

ARTICLE VII INCORPORATOR

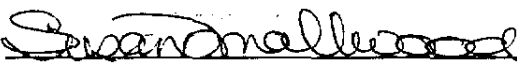
The name and address of the Incorporator is:

Susan Smallwood
5320 SE 17 ST
Ocala FL 34471

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

4/14/05
Date


Signature/Incorporator

4/14/05
Date

FILED

2005 APR 20 P 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA