

NO6 0000 12327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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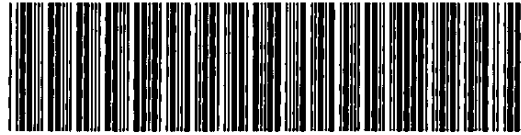
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Apostolic Assemblies, 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: Leroyal J. Jacobs
Name (Printed or typed)

26 Pecan Dr. Pass
Address

Ocala, FL 34472
City, State & Zip

352-680-1982
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Apostolic Assemblies Inc

ARTICLE II PRINCIPAL OFFICE

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

*9427 SE Maricamp Rd
Ocala, FL 34472*

*26 Pecan De Pass
Ocala, FL 34472*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*To facilitate the coming together of Apostolic Churches
to perpetuate the growth of the Kingdom of God.*

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

*The Directors are appointed by the Chief Incorporator. All future
Directors shall be selected according to the statutes recorded in the
Corporations by-laws and constitution.*

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

*Jameil A. Sanders
1702 Meadow St.
Philadelphia, PA 19124
Chief Apostle and President*

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*Leroyal J. Jacobs
26 Pecan Drive Pass
Ocala, FL 34472*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Josephine B Griffin
409 Folsom Place
Perry, FL 32348*

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]
Signature/Registered Agent

11-27-06
Date

[Signature]
Signature/Incorporator

11/27/06
Date