

N0700000 3627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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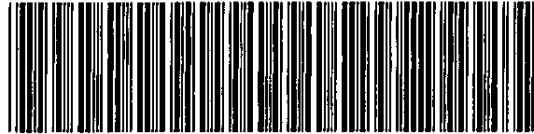
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 APR -9 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/10/07

COVER LETTER

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

SUBJECT: Gem of the Hills Faith 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: Robert L Evens II
Name (Printed or typed)

P.O. Box 121303
Address

Clermont, FL 34712
City, State & Zip

(352) 243-7246
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:
Gem of the Hills Faith Center, Inc.

Article II PRINCIPLE OFFICE

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

Physical: 990 W. Hwy. 50 Suite 103
Clermont, FL. 34711

Mailing: P.O. Box 121303
Clermont, Florida 34712

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide members with a non-denominational place of worship to hear the word of God and to perform marriages, funerals, and other ceremonies.
This place of worship will ordain men and women of God to also perform same functions.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Members of the Board of Directors shall be appointed by the President (pastor) or elected by the corporation (members). When any member of the said body shall become unable to perform his or her office or not in support of this ministry, such person shall be relinquished by the president (pastor).

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Robert L. Evens II 9435 Water fern Circle, Clermont, FL. 34711 (President, Treasurer)
Chris M. Evens 9435 Water fern Circle, Clermont, FL. 34711 (Vice President)
Craig Hill 735 Shady Nook Drive, Clermont, FL. 34711 (Director)
Donna Forehand 210 Edgewood Drive, Clermont, FL. 34711 (Secretary)

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Robert L. Evens II 9435 Water Fern Circle, Clermont, FL. 34711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert L. Evens II P.O. Box 121303, Clermont, FL. 34712

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

4/5/07

Date



Signature/Incorporator

4/5/07

Date