

AP07000010255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☒ WAIT ☐ MAIL

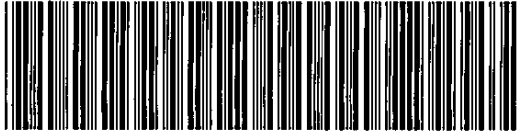
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 OCT 22 PM 12:33
FEDERAL BUREAU OF INVESTIGATION
DIVISION OF INVESTIGATION
TALLAHASSEE, FLORIDA

FILED
07 OCT 22 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: THE INSTITUTE OF CHRISTIAN COUNSELING
(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: THE INSTITUTE OF CHRISTIAN
COUNSELING Name (Printed or typed) ATTENTION: DELORES JOHNSON
1611 JAYDELL CIRCLE
SUITE - 1004A Address
TALLAHASSEE, FL 32308
City, State & Zip
850-656-2003
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:

THE INSTITUTE OF CHRISTIAN COUNSELING, CORP.

ARTICLE II PRINCIPAL OFFICE

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

1611 JAYDELL CIRCLE SUITE-D004A
TALLAHASSEE FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO EDUCATE, EMPOWER AND POSITION PEOPLE OF
DIVERSE CULTURES TO BECOME THE BEST
THEY CAN BECOME ON EARTH.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

PRESIDENT WILL ELECT THE
DIRECTORS

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

DR. DELORES GRAHAM JOHNSON, CERIFIED CHRISTIAN
COUNSELING THERAPIST.
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:

DELORES JOHNSON
1611 JAYDELL CIRCLE SUITE-D004A
TALLAHASSEE, FLORIDA 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DELORES JOHNSON
1611 JAYDELL CIRCLE SUITE-D004A
TALLAHASSEE, FL 32308

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 Delores Johnson

OCT 22, 07
Date

Signature/Incorporator Delores Johnson

OCT 22, 07
Date Oct 22, 07

FILED
07 OCT 22 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA