

NO8000004493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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08 MAY - 8 PM 2:17

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

08 MAY - 8 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Bm 5/8/08

## COVER LETTER

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

SUBJECT: Reclaiming The Land, 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: Marcus K. Pittman  
Name (Printed or typed)

800 Medical Commons Ct.  
Address

Tallahassee, Fl 32305  
City, State & Zip

850 459 6587  
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:

Reclaiming The Land, Inc

**ARTICLE II PRINCIPAL OFFICE**

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

800 Medical Commons Ct  
Tallahassee, Fl 32305

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Helping to fulfill the Commission that we as God's children have been compelled to do. Winning and building others in the faith of Jesus and sending them to win + build others.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Directors are appointed as needed indefinitely.

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

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

Greg James, 1134 Abraham St.  
Director

Tallahassee, Fl 32305.

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Marcus Pittman  
800 Medical Commons Ct  
Talla., Fl 32305

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Marcus Pittman  
800 Medical Commons Ct.  
Talla. Fl 32305

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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

\_\_\_\_\_  
Date

5/8/08

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

5/8/08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY - 8 PM 2:23

FILED