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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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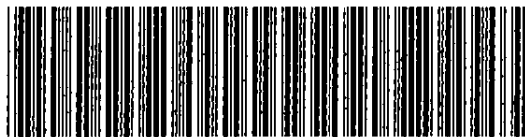
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 JUL -9 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: The Shepherd's Place, 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: Thomas Sullivan
Name (Printed or typed)

500 N. Boundary Ave 116B
Address

Deland, FL 32720
City, State & Zip

(386) 748-3673
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 Shepherd's Place, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1240 S. Woodland Blvd
Deland, FL 32720

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: minister to needs of others,
teach, solicit & receive donations; corporation is a
church

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed by Senior Pastor who also serves as CEO
of corporation

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Robin Sullivan
600 N. Boundary Ave 116B
Deland, FL 32720

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Thomas Sullivan
600 N. Boundary Ave 116B
Deland, FL 32720

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.

Robin H. Sullivan
Signature/Registered Agent Robin H. Sullivan

6/8/08
Date

Thomas Sullivan
Signature/Incorporator

6/8/08
Date

Thomas Sullivan

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