

NO8000009178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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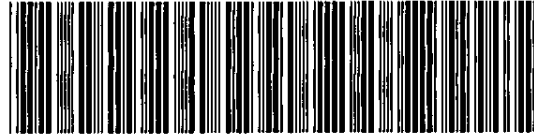
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature/initials

COVER LETTER

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

SUBJECT: Sons of God International Outreach 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: Dr. Janet L. Clary
Name (Printed or typed)

0131 N. Meridian Road #140
Address

Tallahassee, FL 32303
City, State & Zip

(850) 339-8639
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLE I NAME

The name of the corporation shall be:

Sons of God International Outreach Center Inc

ARTICLE II PRINCIPAL OFFICE

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

*2131 N. Meridian Road #140
Tallahassee, FL 32303*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Church - Ministry

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

As stated by the by laws

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

*President: Dr. Janet L. Clary, Overseer - 2131 N. Meridian Road #140 Tallahassee, FL 32303
Vice President: Lillie Christie, Pastor - 2722 A Via Milano Ave, Tallahassee, FL 32303
Director: Evelyn ~~Spive~~ Morris, Assistant Pastor - 250 Moccasin Circle Havana, FL 32337*

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*Dr. Janet L. Clary
2131 N. Meridian Road #140
Tallahassee, FL 32303*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Dr. Janet L. Clary
2131 N. Meridian Road #140
Tallahassee, FL 32303*

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.

Dr. Janet L. Clary

Signature/Registered Agent

Oct. 2, 2008

Date

Dr. Janet L. Clary

Signature/Incorporator

Oct. 2, 2008

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA