

NO900000/825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

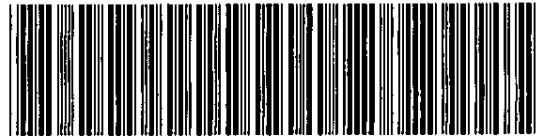
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/24/09--01008--001 **70.00

RECEIVED

09 FEB 24 AM 9:30

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

09 FEB 24 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Paul
2/24/09

COVER LETTER

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

SUBJECT: Solemn Assembly House of Prayer and Worship, 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: Corleone S. Carter
Name (Printed or typed)

1220 Conklin Street #16
Address

Tallahassee, FL 32310
City, State & Zip

850-329-6017
Daytime Telephone number

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

In Compliance with Chapter 617, F.S., (Not for Profit)

The name of the corporation shall be:

The principal **street** address and mailing address, if different is:

The manner in which the directors are elected or appointed:

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

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

The **name and address** of the Incorporator is:

2-14-2009
Date