

N10000009937

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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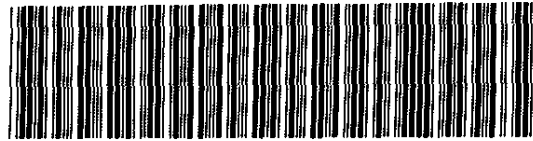
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SEE CLERK OF STATE
TALLAHASSEE, FLORIDA

10/25/10

COVER LETTER

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

SUBJECT: New Life + New Beginning Ministries, 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: Avery MacKenton
Name (Printed or typed)

1700 Joe Louis St Apt. 86
Address

Tallahassee, FL 32304
City, State & Zip

(850) 590-1012
Daytime Telephone number

newbeginningnewlife@gmail.com
E-mail address (to be used for future annual report notification)

FILED
10 OCT 25 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: New Life + New Beginning Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3945 West Pensacola St.
Units 208 + 209
Tallahassee, FL 32304

Mailing address, if different is:
1700 Joe Louis St
Apt. 86
Tallahassee, FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of this organization is to restore, rebuild, and establish a body of people with biblical instructions.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Avery McClenon / Pastor
Address: 1700 Joe Louis St
Apt. 86
Tallahassee, FL 32304

Name and Title: Sharon McClenon / Asst. Pastor
Address: 12 Richardson Rd
Crawfordville, FL 32316

Name and Title: Shontell McClenon / Secretary
Address: 1700 Joe Louis St
Apt. 86
Tallahassee, FL 32304

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Avery McClenon
Address: 1700 Joe Louis St
Apt. 86
Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Avery McClenon
Address: 1700 Joe Louis St
Apt. 86
Tallahassee, FL 32304

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

Avery M. McClenon
Required Signature of Registered Agent

10/25/2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Avery M. McClenon
Required Signature of Incorporator

10/25/2010
Date

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10 OCT 25 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA