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COVER LETTER

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

SUBJECT: M &	(PROPOSED CORPORA	TE NAME - MUST NICLE	BARTIST CH	unh.
Enclosed is an original	and one (1) copy of the Ar	ticles of Incorporation and	d 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 C	OPY REQUIRED	
FROM:	Poster Ary			2910
	4625 HA	Idis Aue Address	VE TAKY VHASSE	1-11 VOV 24
	Trocksonville	State & Zip	B FLORIDA	PH 1:54
	904-963 Daytime	7 – S7/ 2_ 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	^	Land TAIC
The name of the	corporation shall be: Mt. Herman Mi	ssionary Bap	tist exuren Inc.
ARTICLE II	PRINCIPAL OFFICE		
	Principal <u>street</u> address 5580 Red0016- AVE		Mailing address, if different is:
	Ticksonville 7/322	19	Jacksonville 71 32208
ARTICLE III	PURPOSE		
The purpose for	which the corporation is organized is: Mai-	الديدة ع8:19	"Go therefore and make disciples a
211 the Nati	ions, baptzing them in the Home	of the 72th	erand of the Som and of the
Holy Spir	rit,		
.			
ARTICLE IV	MANNER OF ELECTION The manner	in which the direct	tors are elected and appointed:
		AS	s stated in the bylaws,
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT		
	Title: (D) Pastor Acthur L. Frd		ile: (5) Kathy Green
Address:	4625 Haldis Ave Jacksurville, 71 32208	Address:	11566 Biret Forcest Circle Jacksonville ; 71 32218
Name and T	rille(D) Joseph Moore	Name and Ti	itle: (D) Grega Wilder
Address:	4448 Adéldare, Ave N.	Address:	1644 WEST 17+45t
	Jacksonville, 7132208	<u> </u>	Jackson ville , 71 32209
		<u></u>	
Name and T Address:	Fitle: (D) Terry Marshall 5517 Belatink Br.	Name and Ti Address:	ille: (T) Gloria Starkes
Address.	Jacksonville, 71 32209	Address.	Jacksonville, 21 32209
			
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable)) of the registered a	rigent is: CLAHAR NOV
Name: Address:	Pastor ANHUR L. Jordan	<u>/</u>	AR NO TE
	Jacksonville, 71 32201	<u> </u>	ASE N
			THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM
ARTICLE VII	INCORPORATOR		
	dress of the Incorporator is:		
Name: Address:	Pastor Althur L. Jordan		5 .
riddioss.	Jacksonville , 71 323	₹ 8	×1.
			
Having been nam	ned as registered agent to accept service of pro	ocess for the above	e stated corporation at the place designated in this
certificate, I am fa	miliar with and accept the appointment as regis	tered agent and ag	ree to act in this capacity
(D) #	tal 1		11-10-2010
() www	Required Signature of Registered Agent		Date
	adulted Signature of Registered Agent		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.