

N10000011943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

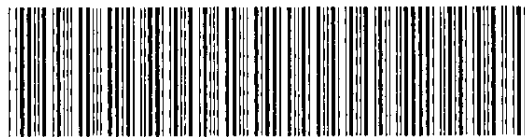
(Business Entity Name)

(Document Number)

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RECEIVED
10 DEC 30 PM 4:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2010 DEC 30 P 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Jesus Lives Ministries Inc. ^{None}
(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: Apostle Jacquelyn Robinson
Name (Printed or typed)

P.O. Box 6869
Address

Tallahassee, FL 32314
City, State & Zip

850-694-5311 - 488-7676 ext 210
Daytime Telephone number

live4him20@yahoo.com
E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FL 32314

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1-1-2011

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Jesus Lives Ministries, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2016 S. Adams St.
Tallahassee FL 32305

Mailing address, if different is:

P.O. Box 6869
Tallahassee, FL 32314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Church

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

Stated in the Bi-Laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Apostle Jacquelyn Robinson
Address: _____

Pastor 6721 Longhorn Dr.
Tallahassee, FL 32311

Name and Title:
Address:

Name and Title: Charles Robinson - Co-Pastor
Address: _____

6721 Longhorn Dr.
Tallahassee, FL 32311

Name and Title:
Address:

Name and Title: Aosa Simmons
Address: 1601 W. Spring St.

Tallahassee 32305

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: Jacquelyn D. Robinson
Address: _____

6721 Longhorn Dr.
Tallahassee, FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Apostle Jacquelyn Robinson
Address: _____

6721 Longhorn Dr.
Tallahassee, FL 32311

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:

Apostle Jacquelyn D. Robinson
Required Signature of Registered Agent

12/30/2010
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.

Apostle Jacquelyn D. Robinson
Required Signature of Incorporator

12/30/2010
Date

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TALLAHASSEE, FLORIDA