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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

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DEPARTMENT OF STATE
DIVISION OF CORPORATIO

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COVER LETTER

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

SUBJECT:	Harvest	Time	Christian	Fellowship,	Inc.
	<u>(P</u>)	ROPOSED CO	DRPORATE NAME –	MUST INCLUDE SUF	FIX)

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 C	OPY REQUIRED	
FROM: Joe Ann Curry Name (Printed or Typed) 301 Park Street				
	Jacksonville,	Horida 302 State & Zip	<u>0</u> 4	
	(904) 248-03	33/	-	
	Joe Parry @ 6	yahoo, Com uture annual report notifica	tion)	

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

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

The name of the corporation shall i	e: Harvest Time	.Christian	Fellowship, Inc.
ARTICLE II PRINCIPAL 301	office ocipal street address Park Street onville, Florida 323	۸	failing address, if different is:
Name and Title: Quen Address: 12450	elected according FFICERS AND/OR DIRECTORS TO Drayton, Selection of Street Lot 1 Somulle, Florida 33310 Him Curry, Minist	Name and Title: Victory Name and Title: Victory Name and Title: Victory Name and Title: Address:	a Nonprofit Corporate ely for Charitable, es Within the meaning as that qualify as and specific solicity of the Transportations that qualify as and specific solicity of the Transportation of the Tra
Name and Title:Address:		Name and Title:	
Name: JOE Address: 301 JOCK ARTICLE VII INCORPOR The name and address of the lncg	ress (P.O. Box NOT acceptable) of the Arm Curry Park Street L'Sonville, Florida 3:	Yoec	HAR I 8 AM II: 25 SECRETARY OF STATE ALLAHASSEE FLORIDA
Required I submit this document and affirm	accept the appointment us registered W Signature of Registered Agent	agent and agree to act in the	oration at the place designated in this his capacity 3/8/// Date information submitted in a document