

N 110000006587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

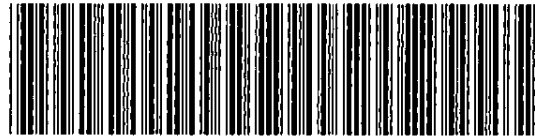
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 JUL 13 PM 1:43

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 JUL 13 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/13/11

COVER LETTER

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

SUBJECT: Mt. Zion F.B.H. Church, 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: Charles Beamer
Name (Printed or typed)

43 Equine Drive
Address

Crawfordville, FL 32327
City, State & Zip

(850) 212-8192
Daytime Telephone number

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

13 JUL 13 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Mt. Zion F.B.H. Church, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

502 Scriven Ave SW
Live Oak, Fl 32064-3019

Mailing address, if different is:

43 Equine Dr
Crawfordville, Fl 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Religious Institution

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles Beamer
Address: 43 Equine Dr
Crawfordville, Fl 32327

Name and Title: Carolyn Philpot
Address: 624 Webb Dr NE
Live Oak, Fl 32064

Name and Title: Shakonda Beamer
Address: 43 Equine Dr
Crawfordville, Fl 32327

Name and Title: _____
Address: _____

Name and Title: Doris Medlock
Address: 2006 W 16th St
Jacksonville Fl 32209

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: Charles Beamer
Address: 43 Equine Dr
Crawfordville, Fl 32327


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Charles Beamer
Address: 43 Equine Dr
Crawfordville, Fl 32327

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13 JUL 13 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

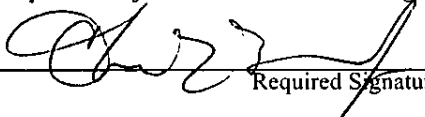
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

7/13/2011
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.



Required Signature of Incorporator

7/13/2011
Date