

N11000006788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

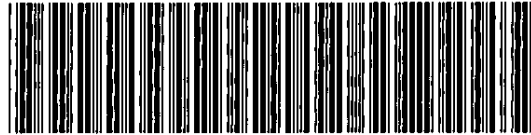
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED  
11 JUL 19 PM 3:25  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
11 JUL 19 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TC 07/19/11

**COVER LETTER**

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

SUBJECT: The Potter's House 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: Alphonso Castilla  
Name (Printed or typed)

131 Whispering Pines LN  
Address

Quincy FL, 32351  
City, State & Zip

(904) 418-2698  
Daytime Telephone number

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

**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:

The Potters House INC.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

The Potters House INC.  
131 Whispering Pines Ln  
Quincy FL 32351

Mailing address, if different is:

Same

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The will be a church organizations, for the community

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As stated in the bylaws

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alphonso Castilla (president) Name and Title: \_\_\_\_\_

Address: 131 Whispering Pines Ln Address: \_\_\_\_\_

Quincy FL 32351

Name and Title: Gwendolyn Castilla (vice president) Name and Title: \_\_\_\_\_

Address: 131 Whispering Pines Ln Address: \_\_\_\_\_

Quincy FL 32351

Name and Title: Gwendolyn Castilla Name and Title: \_\_\_\_\_

Address: 131 Whispering Pines Ln Address: \_\_\_\_\_

Quincy FL 32351

## ARTICLE VI REGISTERED AGENT

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

Name: Gwendolyn Castilla

Address: 131 Whispering Pines Ln  
Quincy FL 32351

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alphonso Castilla

Address: 131 Whispering Pines Ln  
Quincy FL 32351

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

Alphonso D. Castilla  
Required Signature of Registered Agent

7-19-2011  
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.

Alphonso Castilla  
Required Signature of Incorporator

7-19-2011  
Date

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11 JUL 19 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA