

NI1000007435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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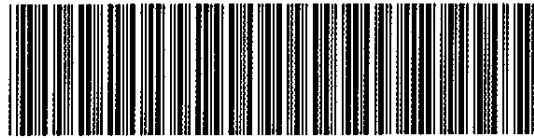
(Business Entity Name)

(Document Number)

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

8-5-11

## COVER LETTER

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

SUBJECT: Pro Finish Computer Services, 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: Eric Williams  
Name (Printed or typed)

P.O. Box 145  
Address

TALLAHASSEE, FL 32302  
City, State & Zip

850-421-9995  
Daytime Telephone number

PHILIP@BROTHER.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)

FILING CANCELLED  
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**ARTICLE I NAME**

The name of the corporation shall be:

*PRO FINISH COMPUTER SERVICES, INC  
A FUND RAISER FOR CHRISTIAN ORGANIZATIONS*

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

*1143 KISSIMMEE ST  
TALLAHASSEE, FL 32310*

Mailing address, if different is:

*P.O. Box 145  
TALLAHASSEE, FL 32302*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*SERVICE, REPAIR AND SALES OF COMPUTERS AS A FUND RAISER  
FOR NON-PROFIT CHRISTIAN ORGANIZATIONS - PRINCIPALLY  
PHELEMON FELLOWSHIP INTERNATIONAL*

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

*BY A REVIEW AT THE ELECTION OF THE CHURCH AND VOTE OF  
THE STANDING BOARD OF MEMBERS*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: *ERIC WILLIAMS*  
Address: *P.O. Box 145  
TALLAHASSEE, FL 32302*

Name and Title: *DIRECTOR OF OPERATIONS & MAINTENANCE*  
Address: \_\_\_\_\_

Name and Title: *MICHELLE LANE*  
Address: *P.O. Box 145  
TALLAHASSEE, FL 32302*

Name and Title: *CHIEF FINANCIAL OFFICER*  
Address: *D*

Name and Title: *ART AULO*  
Address: *P.O. Box 145  
TALLAHASSEE, FL 32302*

Name and Title: *OPERATIONS & MAINTENANCE ADVISOR*  
Address: *D*

**ARTICLE VI REGISTERED AGENT**

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

Name: *ERIC WILLIAMS*  
Address: *1143 KISSIMMEE ST  
TALLAHASSEE, FL 32310*

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: *ERIC WILLIAMS*  
Address: *1143 KISSIMMEE ST  
TALLAHASSEE, FL 32310*

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

*[Signature]*

Required Signature of Registered Agent

*8-5-11*

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.

*[Signature]*

Required Signature of Incorporator

*8-5-11*

Date

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA