



## COVER LETTER

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

SUBJECT: Knox International Theological Seminary 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: Knox Theological Seminary  
Name (Printed or typed)

5554 North Federal Highway  
Address

Ft. Lauderdale, Florida 33308  
City, State & Zip

954-771-0376

5554 North Federal Highway  
Tallahassee, Florida 32314  
Telephone number

rkovack@knoxseminary.edu

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: Knox International Theological Seminary Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5554 North Federal Highway  
Ft. Lauderdale, Florida 33308

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Establish an educational institution which will provide a Reformed Christian seminary education to students around the world. Said corporation is organized exclusively for charitable, religious and educational purposes as expressed in Internal Revenue Code section 501(c)(3). Notwithstanding any other provision of these articles, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation. Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

The initial Directors will be elected and installed by the initial Officers and will serve for a term of four years. Subsequent Directors will be nominated and elected by the then existing Board of Directors.

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

Name and Title: <u>Dr. Ronald J. Kovack</u> <u>Director</u>	Name and Title: <u>Brad Briggs</u> <u>Directors</u>
Address: <u>180 N. Compass Drive</u>	Address: <u>5554 N. Federal Highway</u>
<u>Ft. Lauderdale Florida 33308</u>	<u>Ft. Lauderdale, Florida 33308</u>
<hr/>	
Name and Title: <u>Rev Jonathan Smith</u> <u>Director</u>	Name and Title: _____
Address: <u>5554 N. Federal Highway</u>	Address: _____
<u>Ft. Lauderdale, Florida 33308</u>	_____
<hr/>	
Name and Title: <u>Dr. Warren Gage</u> <u>Director</u>	Name and Title: _____
Address: <u>5554 N. Federal Highway</u>	Address: _____
<u>Ft. Lauderdale, Florida 33308</u>	_____
<hr/>	

**ARTICLE VI REGISTERED AGENT**

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

Name: Dr. Ronald J. Kovack  
Address: 180 N. Compass Drive  
Ft. Lauderdale, Florida 33308

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dr. Ronald J. Kovack  
Address: 180 N. Compass Drive  
Ft. Lauderdale, Florida 33308

SECRETARY OF STATE  
PALM BEACH, FLORIDA

11 AUG 23 PM 2:26

44-13-1  
11-13-11

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

Dr. Ronald J. Kovack  
Required Signature of Registered Agent

8/4/11  
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.

Dr. Ronald J. Kovack  
Required Signature of Incorporator

8/4/11  
Date