

N11000009635

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W11-47939

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 OCT 11 PM 4:30

APPROVED  
AND  
FILED

141

## COVER LETTER

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

**SUBJECT:** Spirit of Excellence Christian Center at Orange Park, 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:** Kimara Weeks  
Name (Printed or typed)

PO Box 358473  
Address

Gainesville, FL 32635  
City, State & Zip

352-246-0196  
Daytime Telephone number

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 16, 2011

KIMARA WEEKS  
PO BOX 358473  
GAINESVILLE, FL 32635

SUBJECT: SPIRIT OF EXCELLENCE CHRISTIAN CENTER AT ORANGE  
PARK, INC.  
Ref. Number: W11000047939

We have received your document for SPIRIT OF EXCELLENCE CHRISTIAN CENTER AT ORANGE PARK, INC. and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$35.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 011A00021480

# ARTICLES OF INCORPORATION

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

APPROVED  
AND  
FILED

## ARTICLE I NAME

The name of the corporation shall be: Spirit of Excellence Christian Center at Orange Park, Inc.

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## ARTICLE II PRINCIPAL OFFICE

Principal street address  
1911 SW 42nd Street, Apt E  
Gainesville, FL 32607

Mailing address, if different is:  
PO Box 358473  
Gainesville, FL 32635

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Religious/Ministry

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appoint/Vote

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lady Kimara Weeks - CEO/President  
Address: PO Box 358473  
Gainesville, FL 32635

Name and Title: Richard Stephens - Pastor  
Address: PO Box 358473  
Gainesville, FL 32635

Name and Title: Anne Stephens - Co Pastor  
Address: PO Box 358473  
Gainesville, FL 32635

Name and Title: Brandi Holmes - Secretary  
Address: PO Box 358473  
Gainesville, FL 32635

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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: Lady Kimara Weeks  
Address: 1911 SW 42nd Street, Apt E  
Gainesville, FL 32607

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lady Kimara Weeks  
Address: 1911 SW 42nd Street, Apt E  
Gainesville, FL 32607

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

Kim - Weeks  
Required Signature of Registered Agent

7/27/11  
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.

Kim - Weeks  
Required Signature of Incorporator

7/27/11  
Date