

NI 2000000555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

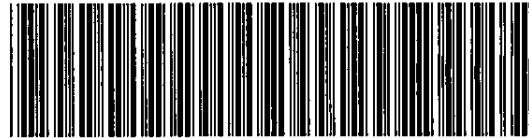
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12 JAN 17 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 18 2012

COVER LETTER

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

SUBJECT: Walking with God through christine W.G.C
(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: Andy Baileau
Name (Printed or typed)

16565 Brigadoon Dr
Address

tampa FL 33618
City, State & Zip

(305) 785 5021
Daytime Telephone number

baileauandy@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:

Walking With God through Christ ministries Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

16565 Brigadoon Dr Tampa FL 33618

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To preach the gospel of Jesus Christ

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

they are elected and appointed by the church members

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: *Andy Boileau Minister* Name and Title: _____

Address: *16565 Brigadoon Dr Tampa FL 33618* Address: _____

Name and Title: *Alecia Renee Boileau* Name and Title: _____

Address: *accountant 16565 Brigadoon Dr Tampa FL 33618* Address: _____

Name and Title: *Nora Fabrice Boileau* Name and Title: _____

Address: *Assistant 5235 2 Ave NW Miami FL 33127* Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: *Andy Boileau*

Address: *16565 Brigadoon Dr Tampa FL 33618*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: *Andy Boileau*

Address: *16565 Brigadoon Dr Tampa FL 33618*

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

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

Date

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12 JAN 17 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/14/2012

1/14/2012