

N120000004088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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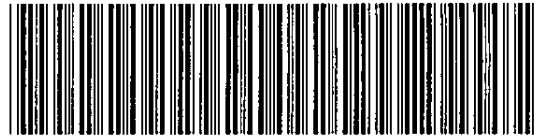
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 APR 20 PM 2:00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

12 APR 20 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: Resurrection Outreach Christian Center, 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: Lyndon Eric Robbins
Name (Printed or typed)

2006 Wild Cherry Drive
Address

Tallahassee FL 32305
City, State & Zip

850-544-7877
Daytime Telephone number

LyndonRobbins@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: Resurrection Outreach Christian Center, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2006 Wild Cherry Drive
Tallahassee Florida
32305

Mailing address, if different is:
P.O. Box 5392
Tallahassee, FL 32314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
A Religious Fellowship

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

THE DIRECTOR/OFFICERS SERVE AT THE PLEASURE OF THE SENIOR PASTOR
AND WILL BE APPOINTED BY THE SENIOR PASTOR

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT LYNDON E. ROBBINS
Address: 2006 WILD CHERRY DR
PASTOR TALLAHASSEE, FL 32305

Name and Title: VICE PRESIDENT/DIR MARTHA R. ROBBINS
Address: 2006 WILD CHERRY DR
TALLAHASSEE, FL 32305

Name and Title: SECRETARY/DIR CHARISE GRAHAM
Address: 2006 WILD CHERRY DR
TALLAHASSEE, FL 32305

Name and Title: TREASURER/DIR KAYLON LAWSON
Address: 2006 WILD CHERRY DR
TALLAHASSEE, FL 32305

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: LYNDON E. ROBBINS
Address: 2006 WILD CHERRY DR
TALLAHASSEE, FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LYNDON E. ROBBINS
Address: 2006 WILD CHERRY DR
TALLAHASSEE, FL 32305

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

Lyndon E. Robbins

Required Signature of Registered Agent

3/20/12

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.

Lyndon E. Robbins

Required Signature of Incorporator

4/20/12

Date

FILED
12 APR 20 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA