

N120000011409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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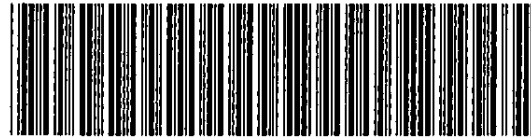
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: Gate To Heaven Apostolic Faith Ministry 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: Michael L Coleman
Name (Printed or typed)

2027 LIMKIN LN
Address

TALLAHASSEE, FLORIDA 32305
City, State & Zip

850-727-2010
Daytime Telephone number

gate2heaven@ymail.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:

Gate to Heaven Apostolic Faith Ministry INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

*2503 Saxon St.
Tallahassee, Fla*

32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This Corporation is For all Religious Purposes

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As provided in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: *Michael L. Coleman / Pastor*
Address: *2027 Limplin Lane
Tallahassee, FL 32305*

Name and Title: *Fred Robinson / Treasurer*
Address: *3111 Pasco Street
Tallahassee, FL 32310*

Name and Title: *Alfreda L. Coleman / Co-Director*
Address: *2027 Limplin Lane
Tallahassee, FL 32305*

Name and Title: *Buthie M. Coleman / Secretary*
Address: *3111 Pasco Street
Tallahassee, FL 32310*

ARTICLE VI REGISTERED AGENT

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

Name: *Michael L. Coleman*
Address: *2027 Limplin Lane
Tallahassee, FL 32305*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: *Michael L. Coleman*
Address: *2027 Limplin Lane
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

Michael L. Coleman

Required Signature of Registered Agent

11-19-12

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.

Michael L. Coleman

Required Signature of Incorporator

11-19-12

Date

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TALLAHASSEE FLORIDA