

N12000011602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

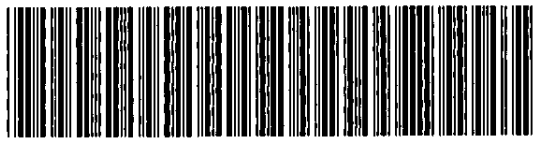
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/17/12--01022--001 \*\*70.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2012 DEC 17 AM 11: 24  
FOR AN INQUIRY  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
12 DEC 17 AM 11: 38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

12/21

COVER LETTER

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

SUBJECT: Mount Olive Primitive Baptist Church, 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: Willie Chambers  
Name (Printed or typed)

110 1st St S.E.  
Address

Havana, Fla 32333  
City, State & Zip

850-210-8205  
Daytime Telephone number

ChambersPNTeg@GMail.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:

**ARTICLE II PRINCIPAL OFFICE** Mt. Olive Primitive Baptist Church of Lamont, Inc  
Principal street address: 694 Mt Olive Church Rd.  
Lamont, Fla 32336  
Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Church meetings and Church worship

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

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

Name and Title: CAVIN HARTEN - TRUSTEE Name and Title: \_\_\_\_\_  
Address: 1839 W. Youngstown Tr. Address: \_\_\_\_\_  
Lamont, Fla. 32336

Name and Title: Hermon Wallace - Trustee Name and Title: \_\_\_\_\_  
Address: 606 SW York Ave. Address: \_\_\_\_\_  
Lamont Fla. 32336

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Willie J. Mathis  
Address: 2055 SW Lamont Olive Ch Rd  
Lamont Fla 32330

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Elder Willie Chamber  
Address: 1101st St SW  
Havana, Fla 32333

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

Willie J. Mathis Required Signature of Registered Agent 12-16-12 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.

Willie Chamber Required Signature of Incorporator 12/16/12 Date

**FILED**  
12 DEC 17 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA