

N13000002090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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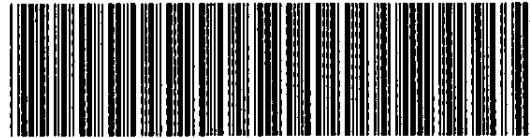
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR -4 PM 1:24

Re 3/5/13

COVER LETTER

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

SUBJECT: Remnant Sabbath Fellowship 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: Melvin Blanchard
Name (Printed or typed)

307 Fifth Ave
Address

Lehigh Acres, FL 33972
City, State & Zip

239-223-4554
Daytime Telephone number

Barley_Green@comcast.net
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Remnant Sabbath Fellowship, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:

307 Fifth Ave

Mailing address, if different is:

Lehigh Acres, Florida 33972

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is organized exclusively for
charitable, religious and educational purposes.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By popular
vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Melvin Blanchard P/D

Address: 307 Fifth Ave
Lehigh Acres, FI 33972

Name and Title: Leo Flynn D

Address: 3815 10th St SW
Lehigh Acres, FI 33976

Name and Title: Howai Thomas VP/D

Address: 1239 Ermine St E
Lehigh Acres, FI 33974

Name and Title: D B Young D

Address: 1928 Venice Ave N
Lehigh Acres, FI 33971

Name and Title: Myrna Lintner S/T D

Address: 1706 SE 1st Terrace
Cape Coral, FI 33990

Name and Title: _____

Address: _____

Name and Title: Annie Medlin /D

Address: P O Box 401
Ft. Myers, FI 33422

Name and Title: _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 MAR -4 PM 1:24

Name and Title: Norma Lee Mc Kenzie /D

Address: 1200 Broad St W Apt.c2
Lehigh Acres, FI

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: Patrick Thompson

Address: 403 W 11 St
Lehigh Acres, FI 33972

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Patrick Thompson

Address: 403 W 11 St
Lehigh acres, FI 33972

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

Patrick Thompson

Required Signature of Registered Agent

02/25/13

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.

Patrick Thompson

Required Signature of Incorporator

02/25/13

Date