

N13000004567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

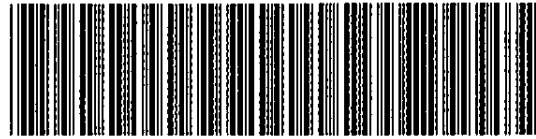
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 MAY 15 PM 3:54
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FILED
13 MAY 15 PM 4:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

VAH

COVER LETTER

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

SUBJECT: GLORIOUS TABERNACLE MINISTRIES INCORPORATED
(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: Clement Adom Nhyirani
Name (Printed or typed)

925 E. Magnolia Dr.
Address

Tallahassee fl 32301
City, State & Zip

561-537-1086
Daytime Telephone number

nhyirani@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 Glorious Tabernacle Ministries Incorporated

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

1415 S. Adams St
Tallahassee FL
32304

Mailing address, if different is:

925 E Magnolia Dr. Apt D6
Tallahassee fl
32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Church fellowship

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

Divine appointment

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clement Nhyirani - Pastor

Address: 925 E. Magnolia Dr.
Apt D6 Tallahassee fl
32301

Name and Title: Eugenia L. Bonnie

Address: 1210 Russell St
Tallahassee fl
32310

Name and Title: JB Okumgba

Address: 925 East Magnolia Dr
Apt B3 Tab fl
32301

Name and Title: _____

Address: _____

Name and Title: Clovelle Richards

Address: 13148 Edson Avenue
Bronx, NY 10469

Name and Title: _____

Address: _____

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13 MAY 15 PM 4:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

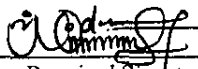
Name: Clement Adam Nhyirani
Address: 925 E. Magnolia Dr
Tallahassee fl
32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Clement Adam Nhyirani
Address: 925 E. Magnolia Dr
Tallahassee fl
32301

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

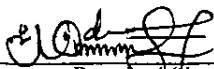


Required Signature of Registered Agent

5/15/2013

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

5/15/2013

Date