

N13000005507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

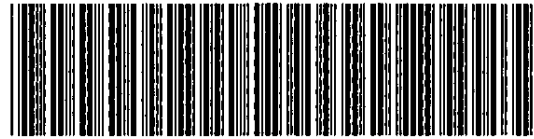
(Business Entity Name)

(Document Number)

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13 JUN 12 PM 1:48
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: Spiritual Moving Bodies for Christ, 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: Sedrick Maurice Bryant
Name (Printed or typed)

1581 Slashpine Court
Address

Orange Park, Fl. 32073
City, State & Zip

904-405-2539
Daytime Telephone number

msangel12354@aol.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)

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TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Spiritual Moving Bodies for Christ, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1581 Slashpine Court

Mailing address, if different is:

Orange Park, Fl. 32073

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To minister the gospel of Jesus Christ.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appointed by the chairman.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sedrick M. Bryant, Ch
Address: 1581 Slashpine Ct.
Orange Park, Fl 32073

Name and Title: Delores D. Elly, Pres.
Address: 5495 Nordes Rd. W.
Jacksonville, Fl. 32210

Name and Title: Mark James, Sec.
Address: 5495 Nordes Rd. W
Jacksonville, Fl. 32210

Name and Title: Roger Ellison, Treas.
Address: 2985 29th St.
Jacksonville, Fl. 32254

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Name and Title: _____
Address _____

Name and Title: _____
Address: _____

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: Sedrick M. Bryant
Address: 1581 Slashpine Ct.
Orange Park, Fl. 32073

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

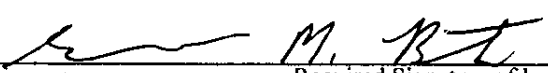
Name: Sedrick M. Bryant
Address: 1581 Slashpine Ct.
Orange Park, Fl. 32073

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

June 10, 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

June 10, 2013
Date