

N13000006875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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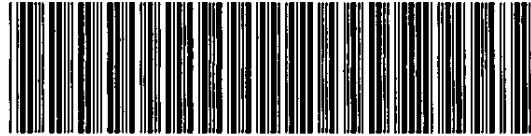
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 JUL 30 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
8/2/13

COVER LETTER

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

SUBJECT: RadioTeleShekinah 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:

RadioTeleShekinah Inc

Name (Printed or typed)

990 NE 125th Street, Suite 200

Address

North Miami, FL 33161

City, State & Zip

(786) 505-1580

Daytime Telephone number

gregoryfossaint@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: RadioTaleSherinah Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

990 NE 125th Street, Suite 200

North Miami, FL 33161

Mailing address, if different is 13 JUL 30 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Preach the Gospel through words & and actions using all available media.

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

Directors will be appointed.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gregory Toussaint, President

Address: 14201 NW 3rd Ave

Miami, FL 33168

Name and Title: _____

Address: _____

Name and Title: Patricia B. Davis, Vice President

Address: 995 NE 124th St

North Miami, FL 33161

Name and Title: _____

Address: _____

Name and Title: Chris Cassagnol

Address: 14400 NW 2nd Ave

North Miami, FL 33168

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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13 JUL 30 PM 1: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Gregory Toissant, President

Address: 14201 NW 3rd Ave

Miami, FL 33168

ARTICLE VII INCORPORATOR

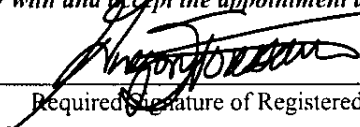
The name and address of the Incorporator is:

Name: Gregory Toissant, President

Address: 14201 NW 3rd Ave


Miami, FL 33168

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

07/23/2013
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

07/23/2013
Date