

N13000009212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

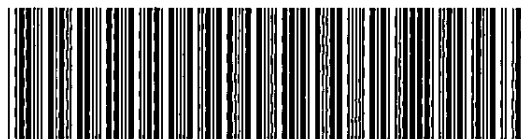
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

ATTACHED
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13 OCT 10 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 10/10/13

COVER LETTER

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

SUBJECT: New Urban Apostolic Christian Movement & Fellowship Corp
(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: Casey B. Clary Jr
Name (Printed or typed)

4759 Orchid Dr
Address

Tallahassee FL, 32305
City, State & Zip

850.765.0721
Daytime Telephone number

ltlcoent@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: New Urban Apostolic Christian Movement & Fellowship Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4759 Orchid Dr Tallahassee FL, 32305

Mailing address, if different is:

PO Box 6613 Tallahassee, FL 32314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: a Christian denomination and fellowship for churches, outreach ministries, organization

and other Christian organizations. Our purpose is serve as a spiritual covering to our churches and ministries under

New Urban Apostolic Christian Movement & Fellowship.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: as stated in by-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chief Apostle Dr. Casey B. Clary Jr. President Name and Title: _____

Address: 4759 Orchid Dr Address: _____
Tallahassee FL, 32305

Name and Title: Dr. William Jones/ Secretary Name and Title: _____

Address: 4759 Orchid Dr Address: _____
Tallahassee FL, 32305

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

13 OCT 10 PM 12:13

APPROVED
FILED

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Casey B. Clary Jr
Address: 4759 Orchid Dr
Tallahassee FL, 32305

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Casey B. Clary Jr
Address: 4759 Orchid Dr
Tallahassee FL, 32305

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

Casey B. Clary Jr

Required Signature of Registered Agent

10/9/2013

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.

Casey B. Clary Jr

Required Signature of Incorporator

10/9/2013

Date