

# N13000009213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

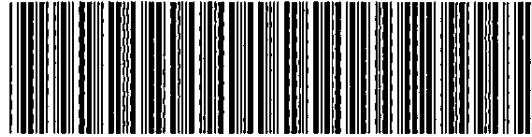
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100252660491

10/10/13--01003--021 \*\*87.50

RECEIVED

13 OCT '0 AM 11:55

DIVISION OF COURT CLERK

13 OCT 10 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
FILED

*K* 10/10/13

## COVER LETTER

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

SUBJECT: New Urban Apostolic Christian University 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 University 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: It is for a religious Institution, which has been a accredited

by the Florida department of Education. Our purpose is to bring  
~~educating~~ spiritual education to our students

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_

as stated in bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Chief Apostle Dr. Casey B. Clary Jr / ~~Secretary~~ & President

Address: 4759 Orchid Dr  
Tallahassee FL, 32305

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Dr. William Jones/ ~~SEC~~

Address: 4759 Orchid Dr  
Tallahassee Fl, 32305

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 OCT 10 PM 12:22

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 OCT 10 PM 12:22

APPROVED  
FILED

**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