

N13000009399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 OCT 17 AM 11:37
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13 OCT 17 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: LIGHT MISSION PENTECOSTAL CHURCH, 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: LEVIS BAKUNDIMANA
Name (Printed or typed)

7147 old kings rd-s. #1
Address

JACKSONVILLE, FL, 32217
City, State & Zip

904-520-9335
Daytime Telephone number

bakunlevis@yahoo
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: LIGHT MISSION PENTECOSTAL CHURCH, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

2901 Spring park Rd

JACKSONVILLE FL 32207

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for church services and spiritual counselling, bible studies, evangelism and preaching

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: ordination and meeting of deacons voting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Levis BAKUNDIMANA ^{→ Pastor senior} Name and Title: NZIRUBUSA MANIRAKIZA, Treasurer

Address: 7147 old Kings Rd's Address: 6403 shady oak Dr, JAX,
#1, JAX, FL 32217 FL 32277

Name and Title: MARCEL MASUNZU Name and Title: Gabriella Bampema; Secretary
(adviser)

Address: 2712 Clear Cove, Apt Address: 2931 Stonomont, street,
108 B, JAX, FL 32207 JAX, FL 32207

Name and Title: Askenie Habarugira Name and Title: _____
(Adviser)

Address: 7147 old Kings Rd's Address: _____
JAX, FL 32217

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
AND
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: LEVIS BAKUNDIMANA

Address: 7147 old kings Rd.s.
#1, JAX, FL 32217

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LEVIS BAKUNDIMANA

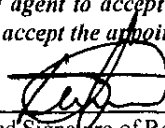
Address: 7147 old kings Rd.s.
#1, JACKSONVILLE, FL 32217

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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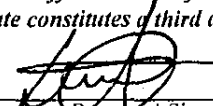
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

10/17/2013
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

10/17/2013
Date