

COVER LETTER

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

SUBJECT: Mt. Sinai Missionary Baptist 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: Pastor Ernestine Porter
Name (Printed or typed)

1618 N.E. 21th Street
Address

Ocala, Florida 34470
City, State & Zip

(352) 629-1668
Daytime Telephone number

ernestineporter8@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: Mt. Sinai Missionary Baptist Church Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5717 West Highway 318

Orange Lake, Florida

32681

Mailing address, if different is:
Post Office Box 421

Orange Lake, Florida

32681

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To promote the message of Jesus Christ through the Bible which is the word of God, and to bring encouragement and exhortation to the body of Christ Jesus; and to exercise any and all rights and privileges which are now or which any hereafter be conferred upon corporations organized pursuant to the non-profit corporation laws of the State of Florida, within the limitations of section 501(c)(3) of the Internal Revenue code of 1954, or any corresponding provisions of future provisions of any future United States Internal Revenue Law.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: shall
be elected by a majority vote of the numbers of the corporation present at the annual business meeting of the corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ernestine Porter, Pastor

Address: 1618 N.E. 21th Street
Ocala, Florida 34470

Name and Title: Beatrice Rackard, Trustee

Address: PO Box 672
Orange Lake, Florida
32681-0672

Name and Title: Barbara Smith, Secretary

Address: P. O. Box 364
Orange Lake, Florida
32681-0364

Name and Title: Byron Sanders, Trustee

Address: PO Box 183
Orange Lake, Florida
32681-0183

Name and Title: Virnell Sanders

Address: 18869 NW US Highway 441
Orange Lake, Florida
32681

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 DEC -6 PM 2:45

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: Pastor Ernestine Porter

Address: 1618 NE 21th Street
Ocala, Florida 34470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pastor Ernestine Porter

Address: 1618 NE 21th Street
Ocala, Florida 34470

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Ernestine L. Porter
Required Signature of Registered Agent

12-1-13
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.

Ernestine L. Porter
Required Signature of Incorporator

12-1-13
Date