

N 14000000271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

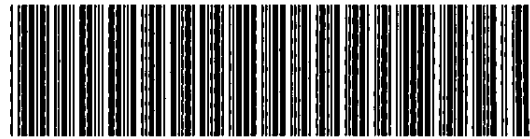
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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1/10/13

COVER LETTER

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

SUBJECT: **MISSION GOLGOTHA, 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: **JACKSON VOLTAIRE**
Name (Printed or typed)

6153 SW 69TH ST

Address

MIAMI, FL 33143

City, State & Zip

(754) 422-3062

Daytime Telephone number

DRVOLTAIRE@YAHOO.COM

E-mail address: (to be used for future annual report notification)

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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

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ARTICLE I NAME

The name of the corporation shall be: **MISSION GOLGOTHA, INC.**

ARTICLE II PRINCIPAL OFFICE

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Principal street address:

6153 SW 69TH ST

MIAMI, FL 33143

Mailing address, if different is:

6153 SW 69TH ST

MIAMI, FL 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **To be the Christian missionary hub that exists to proclaim the Good News of Jesus-Christ which includes planting churches and creating the conditions and environments that are conducive to meet the holistic needs of the most vulnerable citizens around the globe.**

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: **As provided for in the Bylaws**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Jackson Voltaire, President**

Address: **6153 SW 69th ST**
Miami, FL 33143

Name and Title: **John K. Voltaire, V. President**

Address: **6153 SW 69th ST**
Miami, FL 33143

Name and Title: **Rochene R. Selmond, Director**

Address: **Route Vieille Terre**
Jean-Rabel, Haiti

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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: JACKSON VOLTAIRE

Address: 6153 SW 69TH ST
MIAMI, FL 33143

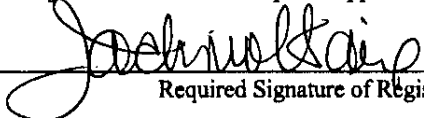
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JACKSON VOLTAIRE

Address: 6153 SW 69TH ST
MIAMI, FL 33143

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

01.01.14

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

01.01.14

Date

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