

17
N14000007993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

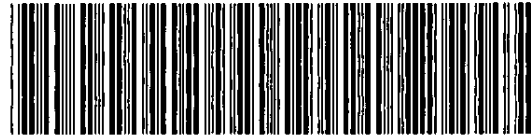
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

B 8/28/14



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08/29/14--01001--001 **70.00

DIVISION OF CORPORATION

14 AUG 28 PM 1:20

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 28 PM 1:34

FILED

COVER LETTER

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

SUBJECT: NEW HARVEST HOLY MINISTRY 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: PATRICIA NICHOLSON
Name (Printed or typed)

3520 Sunkissed Rd
Address

TALL, FLA 32305
City, State & Zip

(850) 345-5796
Daytime Telephone number

annc571@yahoo.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 HARVEST HOLY MINISTRY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4278 Sandpine
Tall, Fla, 32305

Mailing address, if different is:

3520 Sunkissed Rd
Tall, Fla, 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Church Services / Bible
Study / Prayer Services, ETC.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PASTOR Patricia Nicholas

Address: 3520 Sunkissed Rd
TALL, FLA, 32305

~~SO PASTOR~~
Name and Title: PASTOR Abraham Nicholas

Address: 3520 Sunkissed Rd
TALL, FLA, 32305

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRET
FALL 2008
FLORIDA

14 AUG 28 PM 1:34

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FILED

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

RECEIVED
TALLAHASSEE, FLORIDA
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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ~~Patricia~~ Patricia Nicholson

Address: 4278 SandPine
Tall, Fla, 32305

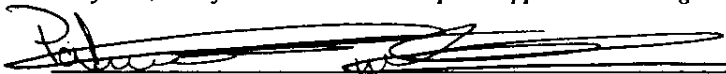
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Patricia Nicholson

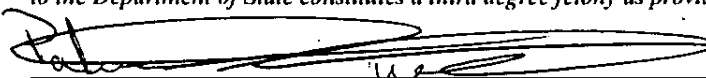
Address: 3520 SunKissed Rd
TALL, FLA, 32305

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


Required Signature of Registered Agent

7/31/14
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

7/31/14
Date