

N14000008362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

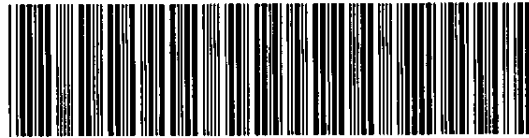
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TO ACKNOWLEDGE
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SECRET
TALLAHASSEE, FLORIDA

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APPROVED
AND
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COVER LETTER

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

SUBJECT: NUAC University Global Connection 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: AeRi'ell Levi D. Clary
Name (Printed or typed)

4759 Orchid Dr

Address

Tallahassee, FL, 32305

City, State & Zip

(850)765-0721

Daytime Telephone number

nuacuniversity@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: NUAC University Global Connection INC.

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: A religious organization who build religious institutions ,
and offer spiritual teachings and oversees churches, and religious leaders.

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 AeRi'ell Levi D. Clary

Address: 4759 Orchid Drive
Tallahassee, FL, 32305

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRET
TALLAHASSEE, FL
SEP 10 2015

14 SEP 10 AM 8:15

APR 11 2015
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: AeRi'ell Levi D. Clary

Address: 4759 Orchid Dr

Tallahassee, FL, 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AeRi'ell Levi D. Clary

Address: 4759 Orchid Dr

Tallahassee, FL, 32305

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP 10 AM 8:15

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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

AeRi'ell Levi D. Clary
Required Signature of Registered Agent

9/10/2014
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.

AeRi'ell Levi D. Clary
Required Signature of Incorporator

9/10/2014
Date