

N 14000008857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

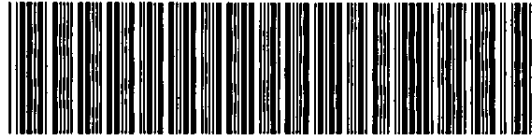
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

9/24/14

COVER LETTER

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

SUBJECT: THE "ARK AT THE MARKET" 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: AUBREY D. COTHMAN
Name (Printed or typed)

53 REDWOOD RD.
Address

OCALA, FLA. 34472
City, State & Zip

352 895-7870
Daytime Telephone number

ANDICOTHMAN2@AOL.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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: THE "ARK AT THE MARKET" CHURCH, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

53 REDWOOD RD.
Ocala, FLA.
34472

Mailing address, if different is:

SAME

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CHURCH

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: DIRECTORS
WILL BE APPOINTED BY LEAD PASTOR.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AUBREY D. COTHMAN - PRESIDENT Name and Title: _____

Address: 53 REDWOOD RD. Address: _____
Ocala, FLA.
34472

Name and Title: MARY B. COTHMAN - TREASURER Name and Title: _____

Address: 53 REDWOOD RD. Address: _____
Ocala, FLA.
34472

Name and Title: DAVID A. CLAYTON - SECRETARY Name and Title: _____

Address: 6881 SE 103RD PLACE Address: _____
BELLEVIEW, FL.
34420

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:

AUBREY D. COTHMAN

Address:

53 REDWOOD RD.
Ocala, FL 34472

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name:

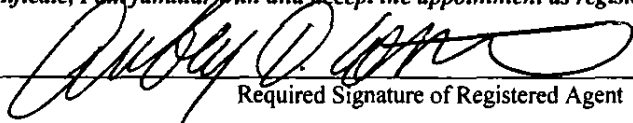
AUBREY D. COTHMAN

Address:

53 REDWOOD RD.
Ocala, FL 34472

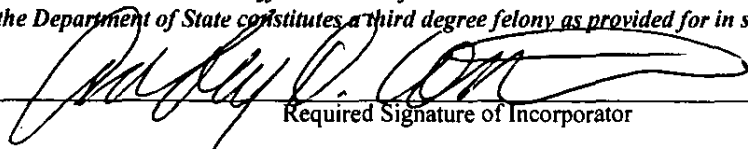
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

9-18-14
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

9-18-14
Date