

N14000010622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

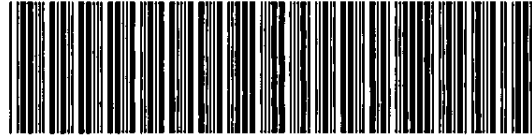
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/17/14--01034--022 **78.75

STATE
TALLAHASSEE, FLORIDA
14 NOV 17 PM 3:28

11/19/14 PH

COVER LETTER

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

SUBJECT: Greater St. James Missionary Baptist International Church
(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: Jerome Cooper
Name (Printed or typed)

4875 NW 2nd Ave.
Address

Miami, FL 33127
City, State & Zip

305-696-4703
Daytime Telephone number

cooper46458@aol.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: Greater St. James Missionary Baptist International Church, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4875 NW 2nd Ave.

Miami, FL 33127

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose is to proclaim the gospel of Jesus Christ, his teaching and doctrin.

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

At a meeting with the majority vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jerome Cooper, President

Address: 1448 NW 97th St.
Miami, FL 33147

Name and Title: Eloise Washington

Address: 1311 Little River Drive
Miami, FL 33147

Name and Title: Willie Mosley, Treasurer

Address: 161 NW 41st Street
Miami, FL 33127

Name and Title: _____

Address: _____

Name and Title: Roberta Daniels, Secretary

Address: 19932 NW 88th Ave.
Miami, FL 33018

Name and Title: _____

Address: _____

Name and Title: Jerome Cooper/Deacon Name and Title: _____

Address: 1448 N.W. 97th St. Address: _____
Miami, FL 33147 _____

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: Jerome Cooper

Address: 1448 NW 97th Street
Miami, FL 33147

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jerome Cooper

Address: 1448 NW 97th St.
Miami, FL 33147

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

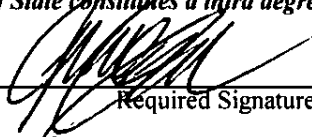


Required Signature of Registered Agent

10/30/14

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

10/30/14

Date

RECEIVED
FALL MIAMI
14 NOV 17 PM 3:28
STATE OF FLORIDA