

N140000010729

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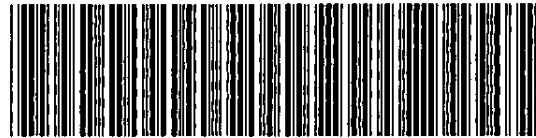
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T. SCOTT



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RECEIVED
DIVISION OF REVENUE

COVER LETTER

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

SUBJECT: NEW VISION INTERNATIONAL MINISTRIES Church of Christ
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
Written in Heaven, Inc.

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: Freddie Cromm
Name (Printed or typed)

3203-B APALACHEE PKWY
Address

Tallahassee FL 32311
City, State & Zip

850 339-5399
Daytime Telephone number

leworp.crow@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: NEW VISION INTERNATIONAL MINISTRIES Church of
Christ Written in Heaven, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

3203-B APACHE PKWY

TALLAHASSEE FL 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO provide a place for
WORSHIP SERVICES AND MINISTRIES.

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: P. Fred Cromartie

Name and Title: DEACON S Deber Manuel

Address: 1618 Levy Ave
Tallahassee FL 32310

Address: 14985 Fairbanks Ferry Ct
Tallahassee FL 32312

Name and Title: ASSISTANT PASTOR Dore Robertson

Name and Title:

Address: 3700 Capital Cir S.E. Apt #1113
Tallahassee FL 32311

Address:

Name and Title: youth pastor Theonize Manuel

Name and Title:

Address: 14985 Fairbanks Ferry Ct
Tallahassee FL 32312

Address:

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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: Freddie Cromartie

Address: 1618 Levy Ave

Tallahassee FL 32310

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Freddie Cromartie

Address: 3203-B APA/ndrc pkwy

Tallahassee FL 32311

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

[Signature]
Required Signature of Registered Agent

10-30-2014
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.

[Signature]
Required Signature of Incorporator

10-30-2014
Date