

NI 5000003093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800270938658

03/24/15--01028--005 \*\*87.50

15 MAR 24 PM 1:48  
ALLAHABAD, FLORIDA

MD 3/26

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

SUBJECT: I Am Connections 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: Sirah T Sullivan  
Name (Printed or typed)

1600 Sunnybrook Lane, Apt F110  
Address

Palm Bay, FL 32905  
City, State & Zip

(321) 506-4291  
Daytime Telephone number

pastorthomassullivan@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: I Am Connections Church, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
1600 Sunnybrook Lane

Apt F110

Palm Bay, Fl 32905

Mailing address, if different is:

808 Happiness Ave SW

Palm Bay, Fl 32909

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: church ministry to promote Christianity throughout the world

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_  
elected at annual business meeting

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Sirah T. Sullivan, President/Director

Address: 1600 Sunnybrook Lane NE  
Apt F110  
Palm Bay, Fl 32905

Name and Title: Lois L. Sims, Director

Address: 1240 Cambo Ct NE  
Palm Bay, Fl 32905

Name and Title: Laura L. McQuillen, Treasurer

Address: 808 Happiness Ave SW  
Palm Bay, Fl 32909

Name and Title: Luke W. McQuillen, Director

Address: 808 Happiness Ave SW  
Palm Bay, Fl 32909

Name and Title: Tamera L. Beesley, Secretary

Address: 2131 Granville Ave NE  
Palm Bay, Fl 32905

Name and Title: Doug K. Beesley, Director

Address: 2131 Granville Ave NE  
Palm Bay, Fl 32905

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: Luke W. McQuillen

Address: 808 Happiness Ave SW

Palm Bay, FL 32909

STATE OF FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

15 MAR 24 PM 1:48

11-6-11

**ARTICLE VII INCORPORATOR**

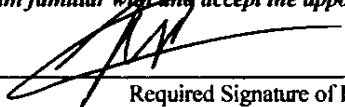
The name and address of the Incorporator is:

Name: Sirah T Sullivan

Address: 1600 Sunnybrook Lane NE Apt F110

Palm Bay, FL 32905

*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

21 MAR 15

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

3/21/15

Date