| N15000004404 |
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| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| W15-24404                               |  |  |  |  |  |

Office Use Only,



04/03/15--01016--008 \*\*78.75

# FILING CANCELLED RETURNED CHECK

15 APR 27 AH 9: 1.

### **COVER LETTER**

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

## SUBJECT: A New Vision From God Holiness 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 Status

■\$78.75 Filing Fee & Certified Copy

State State

### ADDITIONAL COPY REQUIRED

Alfredo A FROM: Øŋ St. Johns ave apt 713 Address Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



## FILING CANCELLED RETURNED CHECK

### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 8, 2015

#### ALFREDO ADOLPHUS DAWSON 6710 ST. JOHNS AVE APT 713 PALATKA, FL 32117

SUBJECT: A NEW VISION FROM GOD HOLINESS CHRUCH, INC Ref. Number: W15000024404

We have received your document for A NEW VISION FROM GOD HOLINESS CHRUCH, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 215A00007010

www.sunbiz.org

| ,  |   |                 |                        |                          |           |
|--|---|-----------------|------------------------|--------------------------|-----------|
| •  |   |                 | FILIN                  | G CANCE                  | ELLED     |
|  | ARTICLES OF I   | NCORPOR         | ATION RETU             | JRNED CH                 | IECK      |
|  | In compliance with Chap   |                 |                        |                          |           |
| <b><u>ARTICLE I</u></b> NAME<br>The name of the corporation sha  | Il be: A New Visio  | n From          | God Holi               | ness Chur                | el Inc    |
| ARTICLE II PRINCIPA  | LOFFICE   |                 |                        |                          | ,         |
| Principal <u>stre</u><br>102 No  | et address:<br>Wth 19th Street  |                 | Mailing address, if a  |                          | w,        |
| Palatka  | FL 32177  | <u> </u>        | st Palati              | a FL 32                  | 13/       |
| ARTICLE III PURPOSE<br>The purpose for which the corp<br><u>+D</u> <u>COMP</u> <u>+Og</u><br><u>SEVUICES</u> <u>AV</u> | E pration is organized is: <u>A</u> p<br><u>ether Pratising</u><br>1 d action thes, | the L           | Worship<br>Ord, For    | for believ<br>Reliziance | <u>us</u> |
|  |   |                 |                        | SECO                     |           |
| 27   | •   |                 |                        | R 27                     |           |
|  |   |                 |                        |                          | ESC.      |
| ARTICLE IV MANNER  | <b>OF ELECTION</b> The manner in  | which the direc | tors are elected and a |                          | und -     |
| Meeting, n   | <b>1</b>  |                 | ectors is a            |                          | In        |
| ,  | 4   | he Ugla         | WS OF H                | is Corplex               | eton.     |
| ARTICLE V INITIAL  | OFFICERS AND/OR DIRECT  | DRS             |                        |                          |           |
| Name and Title: A field  | A. Dawson Name  | and Title:      | Sally Ec               | Lucards                  |           |
| Address 6710 9   | St. John QUC Adda   |                 | 619 Fagle              | st.                      |           |
| Palatka  | . FL 32177  | Pa              | elatra F               | -6 32178                 |           |
| Paster   | President   | Sc              | retary.                | Treasure                 |           |
| Name and Title: FINEST   |   | and Title:K     |                        | 1684                     | •         |
|  | , Roberts St. Addr  |                 | 40 N, RO               | horts.St.                |           |
| Green  | _   | Δ               | reen Cou               | o SAS CI                 | Touto     |
|  | Exacutive Deficer   | •               | hairman                | C Mp r C                 | Ju Ug     |
|  |   |                 | runnur)                |                          |           |
|  | Name  |                 |                        | <u>.,</u>                |           |
| Address  | Addre   |                 |                        |                          |           |
|  |   |                 |                        | <u> </u>                 |           |
|  |   |                 |                        |                          |           |

| Name and Title: | Name and Title:                           |
|-----------------|---|
| Address         |   |
|                 | SECRETARY OF STATE<br>TALLAHASSEE PLORIDA |
| 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: <u>Sally Edwards</u> Address: <u>1619 Eagle Street</u> <u>Palatka, FL 32178</u>

## FILING CANCELLED RETURNED CHECK

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

Alfredo Adolphus Dawson 6710 St. Johns ave apt. 713 Palatka, FL 32177

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

31/2015 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.

nen Required Signature of Incorporator

3 31/2015