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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT: Pastors United Globle Fellowship, Incorporated (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
Filing Fee & Certificate of Status

\$78.75
Filing Fee & Filing Fee, & Certified Copy & Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Jonathan B. Graham

Name (Printed or typed)

8785 Moss Haven Road

Address

Jacksonville, Florida 32221

City, State & Zip

904-514-8013

Daytime Telephone number

jon.gram@yahoo.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 INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

<u>ARTICLE</u>	II PRINCIPAL OFFICE		
58	Principal <u>street</u> address: 800-1 Ricker Road	Mailing address, if different is:	
J	acksonville, Florida 32244		
			2
ARTICLE The purpose	III PURPOSE To which the corporation is organized is:	o develop leaders to create and establish a sense of co	mmunity
in their n	eighborhoods where people live and	work. To develop an increased sense of community	<u>, that wi</u>
lead to m	ore personal involvement along with m	more cultural, educational, social community activities	also an
type of co	ommunity-building initiative and spiritua	al growth. We believe this will create better communiti	e်န္ခဲ့and a
better	place for people to live and	work.	
ARTICLE	IV MANNER OF ELECTION The m	manner in which the directors are elected and appointed:	by Counc
ARTICLE	V INITIAL OFFICERS AND/OR DI	DIRECTORS	by Counc
ARTICLE Name and T	V INITIAL OFFICERS AND/OR DI	PIRECTORS Name and Title: James Fullwood, Treasurer	by Counc
ARTICLE	v INITIAL OFFICERS AND/OR DI	DIRECTORS At Name and Title: Address: 1	2
ARTICLE Name and T	itle: Jonathan B. Graham, President 8785 Moss Haven Road Jacksonville, Florida 32221	Name and Title: Address: Jacksonville, Florida 32221	2
ARTICLE Name and T	itle: Marvin R. Cohen, Jr. Vice President	Name and Title: Address: James Fullwood, Treasurer 1472 Redbird Creek Drive Jacksonville, Florida 32221	2
ARTICLE Name and T Address	itle: Marvin R. Cohen, Jr. Vice President 1647 Spring Oaks Lane	Name and Title: Address: Name and Title: Address: Address: Address: Address:	2
ARTICLE Name and T Address Name and T	itle: Marvin R. Cohen, Jr. Vice President	Name and Title: Address: Name and Title: Address: Address: Address: Address:	2
ARTICLE Name and T Address Name and T	itle: Jonathan B. Graham, President 8785 Moss Haven Road Jacksonville, Florida 32221 Marvin R. Cohen, Jr. Vice President 1647 Spring Oaks Lane Jacksonville, Florida 32221	Name and Title: Address: Jacksonville, Florida 32221 Name and Title: Address: Address: Address: Address:	2
ARTICLE Name and T Address Name and T Address	itle: Jonathan B. Graham, President 8785 Moss Haven Road Jacksonville, Florida 32221 Marvin R. Cohen, Jr. Vice President 1647 Spring Oaks Lane Jacksonville, Florida 32221	Name and Title: Address: Jacksonville, Florida 32221 Address: Address: Address:	2

Name and Title:_	Name and Title:	
Address	Address:	
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Name and Title:	Name and Title:	
Address	Address:	
_		
4 DØICE B 117		
ARTICLE VI The name and Flo	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Roderick S. Love, Sr.	
Address:	2537 Armor Court	
	Jacksonville, Florida 32254	
ARTICLE VII	INCORPORATOR Idress of the Incorporator is:	
Name:	Jonathan B. Graham	
Address:	8785 Moss Haven Road	
	Jacksonville, Florida 32221	
	ned as registered agent to accept service of process for the above stated corporation at the place designated in amiliar withfund accept the appointment as registered agent and agree to act in this capacity	this
Mul	Som lo 5/3/15	
	Required Signature of Registered Agent	
	iment and affirm that the facts stated herein are true. I am aware that any false information submitted in a docum t of State constitutes a third degree felony as provided for in s.817.155, F.S.	ent
fault	Required Signature of Incorporator S 3 15 15 15 15 15 15 15	
	Required Signature of Incorporator / Date	