

N1500005436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

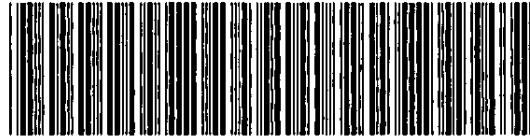
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
MAIL ADMINISTRATION

FILED

2015 MAY 28 PM 3:35

5/29 am

COVER LETTER

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

SUBJECT: EVANGELICAL PRIMITIVE BAPTIST 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: KELLY JACQUES

Name (Printed or typed)

640 NE 163 St.

Address

NORTH MIAMI BEACH, FL 33162

City, State & Zip

(305) 397-7616

Daytime Telephone number

KELLYJACQUES1126@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 INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

FILED
2015 MAY 28 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: EVANGELICAL PRIMITIVE BAPTIST CHURCH, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

640 NE 163 St.

NORTH MIAMI BEACH, FL 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: EVANGELICAL PRIMITIVE BAPTIST CHURCH EXISTS TO PROMOTE THE GOSPEL OF JESUS CHRIST, AND REACH OUT TO COMMUNITY OF BELIEVERS AROUND THE WORLD.

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

Appointed by the President

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KELLY JACQUES, PRESIDENT

Name and Title: HENNOCK BONORME, TREASURE

Address: 640 NE 163 St

Address: 3971 SE 59 AVE.

NORTH MIAMI, BEACH, FL 33162

WEST PARK, FL 33023

Name and Title: CAYO JULANDER, VICE-PRESIDENT

Name and Title: KEMELIE JACQUES

Address: 221 NW 120 St

Address: 640 NE 163RD street

MIAMI, FL 33168

MIAMI FL 33162

Name and Title: FREDNER BOURSQUOT, MEMBER

Name and Title: _____

Address: 645 IVES DAIRY ROAD, APT. 119

Address: _____

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: KELLY JACQUES

Address: 640 NE 163 St.

MIAMI, FL 33162

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: KELLY JACQUES

Address: 640 NE 163 St.

MIAMI, FL 33162


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

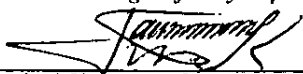


Required Signature of Registered Agent

4/28/2015

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.



4/28/2015