



COVER LETTER

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

SUBJECT: Celebration Christian Fellowship, 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

FILED  
15 JUN -6 PM 4: 23  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FROM: Joe I Hill  
Name (Printed or typed)

1099D Sawtooth Oak  
Address

Court Jacksonville, FL 32218  
City, State & Zip

(904) 383-5542  
Daytime Telephone number

JoeI.Hill5930@gmail.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

15 JUN -4 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 18, 2015

JOEL HILL  
10990 SAWTOOTH OAK COURT  
JACKSONVILLE, FL 32218

SUBJECT: CELEBRATION CHRISTIAN FELLOWSHIP, INC.  
Ref. Number: W15000034964

We have received your document for CELEBRATION CHRISTIAN FELLOWSHIP, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please list the city name in its entirety abbreviation is not acceptable.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 715A00010362

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN -4 PM 4:23

FILED

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Celebration Christian Fellowship, Inc.

**FILED**

**ARTICLE II PRINCIPAL OFFICE**

**15 JUN -4 PM 4: 23**

Principal street address:  
10990 Sawtooth Oak Court

Jacksonville, Florida

Mailing address, if different is:  
P.O. Box 1663

Callahan, Florida 32011

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To Build the body of Christ mentally, Physically, Spiritual and emotionally one individual at a time. To affect th community we are connected to with the love of Christ.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: As stated in bylaws.

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

Name and Title:	<u>Joel Hill: President</u>	Name and Title:	<u>Trina Sheffield: Secretary</u>
Address	<u>10990 Sawtooth Oak Court</u>	Address:	<u>9131 Altamont Avenue</u>
	<u>Jacksonville, Floria 32218</u>		<u>Jacksonville, Florida 32208</u>

Name and Title:	<u>La'Sha O. Hill: Vice President</u>	Name and Title:	_____
Address	<u>10990 Sawtooth Oak Court</u>	Address:	_____
	<u>Jacksonville, Florida 32218</u>		_____

Name and Title:	<u>Jared Hope: Treasure</u>	Name and Title:	_____
Address	<u>9507 Charc Vista Court</u>	Address:	_____
	<u>Jacksonville, Florida 32065</u>		_____

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: Joe'l Hill

Address: 10990 Sawtooth Oak Court

Jacksonville, Florida 32218

FILED  
15 JUN - 4 PM 4: 23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: La'Sha O. Hill

Address: 10990 Sawtooth Oak Court

Jacksonville, Florida 32218

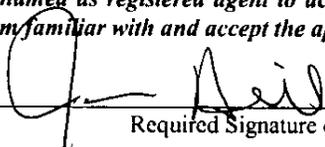
**ARTICLE VIII EFFECTIVE DATE:**

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.

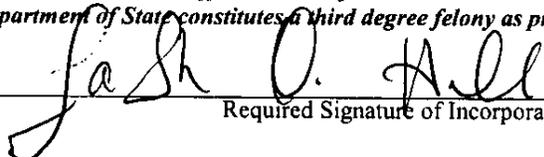
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature of Registered Agent

June 1, 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.*



Required Signature of Incorporator

June 1, 2015  
Date