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15 JUN 19 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 23 2015

COVER LETTER

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

SUBJECT: Advent Messenger Church
(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: David Jimenez
Name (Printed or typed)

5428 Silent Brook Dr
Address

Orlando FL 32821
City, State & Zip

(407) 721-7905
Daytime Telephone number

DavidTheosophy@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)

ARTICLE I NAME

The name of the corporation shall be: Advent Messenger Church Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

9421 South Orange Blossom Po Box 690154
Trail Suite 17 Orlando, FL 32837 Orlando, FL 32869

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For charitable, missionary,
Educational and evangelical purposes. For any
and all lawful business

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Appointed
by a board of elected officials

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Keisha Jimenez / Treasurer Name and Title: _____

Address: 5428 Silent Brook Dr. Address: _____
Orlando, FL 32821

Name and Title: Michelle Jimenez - Secretary Name and Title: _____

Address: 5520 Scaramuche Ln Address: _____
Orlando, FL 32821

Name and Title: JOSE JIMENEZ / Chair Person Name and Title: _____

Address: 5520 Scaramuche Ln Address: _____
Orlando, FL 32821

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TALLAHASSEE, FLORIDA

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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: David Jimenez

Address: 5428 Silent Brook Dr

Orlando, FL 32821

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TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Jimenez

Address: 5428 Silent Brook Dr

Orlando, FL 32821

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

David Jimenez
Required Signature of Registered Agent

6-17-2015
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.

David Jimenez
Required Signature of Incorporator

6-17-2015
Date