

N15000007915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

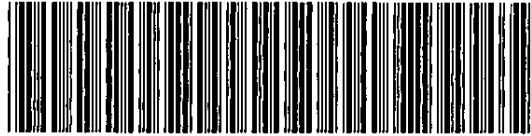
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
15 AUG 10 PM 1:49

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COVER LETTER

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

SUBJECT: Spiritual Assembly of the Bahá'ís of Clay County, 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: Thomas Armistead
Name (Printed or typed)

1717 Waterford Landing Drive
Address

Fleming Island, FL 32003
City, State & Zip

(904) 651-5836
Daytime Telephone number

LSAClayCountyFL@gmail.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: Spiritual Assembly of the Bahá'is of Clay County, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
1717 Waterford Landing Dr.
Fleming Island, FL 32003-7245

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
Administration of the affairs of the Bahá'í Faith in the unincorporated areas of Clay County, Florida.

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TALLAHASSEE
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ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

Annual election by members of the Spiritual Assembly

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ramin Mahmoodi, Chairman
Address: 1709 River Hills Drive
Fleming Island, FL 32003

Name and Title: Thomas Armistead, Secretary
Address: 1717 Waterford Landing Dr.
Fleming Island, FL 32003

Name and Title: James Lockhart, Treasurer
Address: 3374 Drew Court
Middleburg, FL 32068

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
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: Thomas Armistead
Address: 1717 Waterford Landing Dr.
Fleming Island, FL 32003

ARTICLE VII INCORPORATOR

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

Name: Lucille Conrad
Address: 877 Arthur Moore Drive
Green Cove Springs, FL 32043

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

Thomas J. Armistead
Required Signature of Registered Agent

July 30, 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.

Lucille D. Conrad
Required Signature of Incorporator

8/4/15
Date