

N1500000 9088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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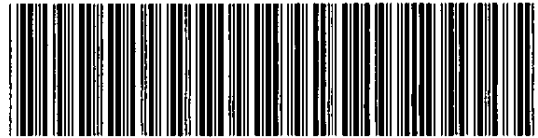
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT:

HOLY TEMPLE 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:

CHRISTINE TENKINS
Name (Printed or typed)

1544 LIEZEND
Address

TALE FIA 32305
City, State & Zip

850 321-0502
Daytime Telephone number

CCampbell@lin.state.fl.us
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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be:

HOLY TEMPLE INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

3540 MAHAN DR

1544 LIETZ RD

Tallahassee FL 32308

TALLAHASSEE FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Church

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

President
Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

CHINGUE BROWN

Name and Title:

ASSISTANCE

Address

9803 FOREST RD

Address:

Tallahassee FL 32305

Name and Title:

TEQUILA PARKER

Name and Title:

SECRETARY

Address

83 VIOLETTA DR

Address:

CHW FORDVILLE FLA

32310

Name and Title:

CHRISTINE THOMAS

Name and Title:

President

Address

1544 LIETZ RD

Address:

Tallahassee, FL 32305

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: _____

CHRISTINE JENKINS

Address: _____

1544 LIETZ RD
TALLAHASSEE FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

CHRISTINE JENKINS

Address: _____

1544 LIETZ RD
TALLAHASSEE FL 32305

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

CHRISTINE JENKINS

Required Signature of Registered Agent

9-22-2015

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.

CHRISTINE JENKINS

Required Signature of Incorporator

9-22-2015

Date