

A15000009252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

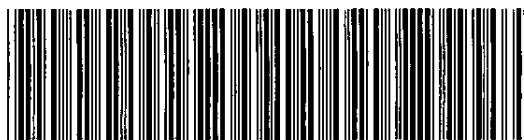
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

SEP 23 2015

R. SCOTT



500277316325

09/23/15--01013--028 **78.75

RECEIVED
2015 SEP 23 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 SEP 23 PM 4:04
TALLAHASSEE, FLORIDA

APPROVED
FILED

COVER LETTER

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

SUBJECT: ROMAN ROADS MINISTRIES OF TALLAHASSEE 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: RICHARD DIXON

Name (Printed or typed)

9347 LISKA DRIVE

Address

TALLAHASSEE, FLORIDA 32305

City, State & Zip

850-364-8162

Daytime Telephone number

DIXONRICHARD040@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: ROMAN ROADS MINISTRIES OF TALLAHASSEE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
9347 LISKA DRIVE

Mailing address, if different is:

TALLAHASSEE, FLORIDA 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROMOTE THE GOSPEL OF JESUS CHRIST BY SHARING
THE BIBLICAL TRUTH CONTAINED IN THE HOLY BIBLE

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

APPOINTED BY FOUNDER

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richard Dixon Director Name and Title: _____

Address: 9347 Liska Dr Address: _____
Tallahassee, FL
32305

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

15 SEP 23 PM 4: 04

NOTARIAL
SEAL
FLORIDA

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: RICHARD DIXON

Address: 9347 LISKA DRIVE

TALLAHASSEE, FLORIDA 32305

ARTICLE VII INCORPORATOR

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

Name: RICHARD DIXON

Address: 9347 LISKA DRIVE

TALLAHASSEE, FLORIDA 32305

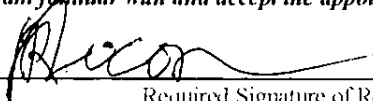
ARTICLE VIII EFFECTIVE DATE: 9/23/2015

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.

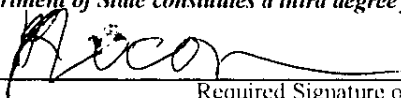
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

9/23/15
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

9/23/15
Date