

N/15000009393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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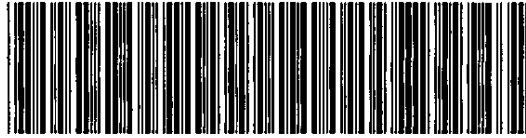
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 SEP 21 AM 11:40

09/20/15

COVER LETTER

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

SUBJECT: NEW DAY MERCIES BIBLE INSTITUTE, 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: NEW DAY MERCIES BIBLE INSTITUTE, INC.

Name (Printed or typed)

2112 Winger Avenue

Address

Haines City, FL 33844

City, State & Zip

(863)422-7695

Daytime Telephone number

newdaymerciesbibleinstitute@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: NEW DAY MERCIES BIBLE INSTITUTE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2112 Winger Avenue

Haines City, FL 33844

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: are educational, religious, charitable and more particularly to provide theological and religious training.

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ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: is as stated in the By-Laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Theresa M. Henderson DP Name and Title: _____

Address: 2112 Winger Avenue Address: _____

Haines City, FL 33844

Name and Title: Zora Daniels DVP Name and Title: _____

Address: 132 Whitehall Street Address: _____

Davenport, FL 33896

Name and Title: Charles Daniels D Name and Title: _____

Address: 132 Whitehall Street Address: _____

Davenport, FL 33896

Name and Title: _____ Name and Title: _____
 Address: _____ 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: Theresa M. Henderson
 Address: 2112 Winger Avenue
Haines City, FL 33844

ARTICLE VII INCORPORATOR
 The name and address of the Incorporator is:
 Name: Theresa M. Henderson
 Address: 2112 Winger Avenue
Haines City, FL 33844

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 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 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 time of filing this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Theresa M. Henderson 9/19/12
 Required Signature of Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that any false information provided to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Theresa M. Henderson
 Required Signature of Incorporator

15 SEP 21 AM '12