

N15000009488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

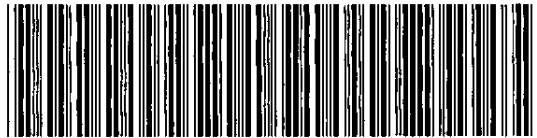
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15 SEP 30 AM 10:10

TO: JEFFREY J. JONES
SUFFICIENT FOR FILING

FILED

2015 SEP 30 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 30 2015

T. BROWN

COVER LETTER

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

SUBJECT: God's Anointing And Covering 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: Georgia Cloud
Name (Printed or typed)

806 Ridge Road
Address

Tallahassee, FL 32305
City, State & Zip

(850) 895-6014
Daytime Telephone number

Georgia.Cloud68@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: God's Anointing And Covering Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

806 Ridge Road
Tallahassee, FL 32305

Mailing address, if different is:

P.O. Box 303
Midway, FL 32343

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Church

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TALLAHASSEE, FLORIDA

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: Georgia Cloud / Pastor Name and Title: _____

Address: 806 Ridge Rd. Address: _____
Tallahassee, FL 32305

Name and Title: Laferrica Kensa / Treasurer Name and Title: _____

Address: 806 Ridge Rd. Address: _____
Tallahassee, FL 32305

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:

Georgia Cloud

Address:

806 Ridge Road

Tallahassee, FL 32305

ARTICLE VII INCORPORATOR

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

Name:

Georgia Cloud

Address:

806 Ridge Road

Tallahassee, FL 32305

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

Required Signature of Registered Agent

09/30/15
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

09/30/15
Date