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APPROVAL
AND
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15 NOV 24 PM 12:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/24

COVER LETTER

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

The Chapel at Fishhawk, Inc.

SUBJECT:

(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: Kelli Phillips

Name (Printed or typed)

1011 Riflecrest Ave

Address

Valrico, FL 33594

City, State & Zip

813-787-5687

Daytime Telephone number

admin@sunsetbaychapel.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)

APPROVAL
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: The Chapel at Fishhawk, Inc.

ARTICLE II PRINCIPAL OFFICE

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Principal street address:
6026 Churchside Dr.

Mailing address, if different: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Lithia, FL 33547

ARTICLE III PURPOSE

The general nature and object of THE CHAPEL AT FISHHAWK, INC., shall be the operation and maintenance of a corporate church to promote the Christian faith and worship God. This church shall promote the tenants and beliefs set forth within the bylaws and shall be non-denominational in nature.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ryan Tirona, President Name and Title: _____

Address: 11259 Creek Haven Drive Address: _____
Riverview, FL 33569

Name and Title: Rex Lautzenheiser, Vice President Name and Title: _____

Address: 1001 Classic Drive Address: _____
Valrico, FL 33594

Name and Title: Edwin Newman, Secretary Name and Title: _____

Address: 3911 Briarlake Drive Address: _____
Valrico, FL 33596

Name and Title: David Modisette, Trustee
Address: 826 Scenic Heights Drive
Brandon, FL 33511

Name and Title: Jared Weems, Trustee
Address: 11105 Irish Moss Avenue
Riverview, FL 33569

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Name and Title: John Siefert, Trustee
Address: 11425 SR 39
Lithia, FL 33547

Name and Title: 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: Kelli Phillips
Address: 1011 Riflecrest Ave
Valrico, FL 33594

ARTICLE VII INCORPORATOR

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

Name: Kelli Phillips
Address: 1011 Riflecrest Ave
Valrico, FL 33594

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

K. Phillips
Required Signature of Registered Agent

10/25/2015
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.

K. Phillips
Required Signature of Incorporator

10/25/2015
Date