

N1600000000155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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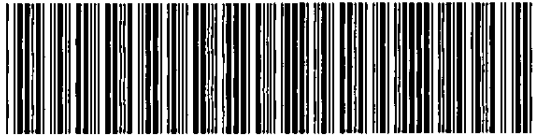
(Business Entity Name)

(Document Number)

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16 JAN -7 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Jehovah Shammah Holiness Church, 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: Charles A. Smith
Name (Printed or typed)

1019 Griffin Street
Address

Tallahassee, Florida 32304
City, State & Zip

(850) 284-0585
Daytime Telephone number

kmuhammadh@aol.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: Jehovah Shammah Holiness Church, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1353 Cross Creek Circle

Tallahassee, FL 32301

Mailing address, if different is:

1019 Griffin Street

Tallahassee, FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is organized exclusively for Religious, Charitable and Educational purposes, within the meaning of Section 501(c) 3 of the Internal Revenue Code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Initial directors were appointed by the President, and shall hold office until the first annual meeting, at which time they may be re-elected by the Board.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles A. Smith, P/D Name and Title: _____

Address 1019 Griffin Street Address: _____

Tallahassee, Florida 32304

Name and Title: Khalilah Hills - S/T/D Name and Title: _____

Address 410 George Town Drive Address: _____

Tallahassee, Florida 32314

Name and Title: Pattie J. Scott - D Name and Title: _____

Address 834 Brewer Street Address: _____

Tallahassee, Florida 32304

SECRET
TALLAHASSEE, FLORIDA

16 JAN - 7 AM 11:55

ARTICLE
AND
FILED

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: Charles A. Smith

Address: 1019 Griffin Street

Tallahassee, Florida 32304

ARTICLE VII INCORPORATOR

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

Name: Charles A. Smith

Address: 1019 Griffin Street

Tallahassee, Florida 32304

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

Charles A. Smith

Required Signature of Registered Agent

1-6-16

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.

Charles A. Smith

Required Signature of Incorporator

1-6-16

Date