

N16000000927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

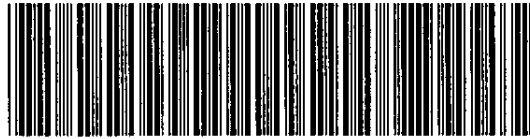
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16 JAN 20 PM 1:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan FEB 1 - 2016

COVER LETTER

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

SUBJECT: New Covenant Pentecostal Church of Salvation, 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: Cora Richardson

Name (Printed or typed)

9401 NW 35th Court

Address

Miami, FL 33147

City, State & Zip

786-200-7311

Daytime Telephone number

Cora_Richardson47@att.net

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 Covenant Pentecostal Church of Salvation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
9401 NW 35th Court
Miami, FL 33147

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

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To preach, and teach the gospel of Jesus Christ. To help the less fortunate church members by providing breakfast for them and their children and transportation to and from church for members without transportation. Provide counseling to the younger members who have lost their way in life by giving them directions to better themselves.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: 2/3 Vote annually

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cora Richardson, Pastor Name and Title: _____

Address 9401 NW 35th Court Address: _____
Miami, FL 33147

Name and Title: Andrew Richardson, Deacon Name and Title: _____

Address 9401 NW 35th Court Address: _____
Miami, FL 33147

Name and Title: Anita Golden, Secretary Name and Title: _____

Address 1955 NW 85th Street Address: _____
Miami, FL 33147

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: Cora Richardson

Address: 9401 N.W. 35 Ct
Miami, FL 33147

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cora Richardson

Address: 9401 N.W. 35 Ct
Miami, FL 33147

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

Cora Richardson
Required Signature of Registered Agent

1-12-16
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.

Cora Richardson
Required Signature of Incorporator

1-12-16
Date