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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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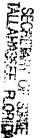
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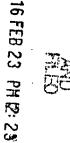


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COVER LETTER

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

SUBJECT: Mount Olive Primitive Paptiet Murch of Lamont inc.

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: Willie Chambers

Name (Printed or typed)

110 154 54, 5, E,

Address

Havana, Fla 32333

City, State & Zip

BS0-910-8605

Daytime Telephone number

E-mail address: (to be used for future annual seport 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)

The name of the co	orporation shall be: Mt. Olive Primitive Paptist Chroch of	Lanen	two
	PRINCIPAL OFFICE		
694	Principal street address: H. M. H. Olive Church Rd mont, Florida 32336		
Lan	nont, Florida 32336		_ _
ARTICLE III I	PURPOSE which the corporation is organized is: Church Meetings and		
Churc	ch Worship		
		9 F	
		程 8 8 8	
		3	
		RE FO	_ <u> </u>
		M 2	
ARTICLE IV N	MANNER OF ELECTION. The manner in which the directors are elected and appointed:	rity	
Pleetian	VIN Conference		
ARTICLE V II	NITIAL OFFICERS AND/OR PIRECTORS		
	1), 1) i inster		
Name and Title:	Alvin Havaen Name and Title:		
Address Z	833 W. Youngslown Address:		
Æ	lamont, Ha 32336		
	Harman Wallace TrusteeName and Title:		
Address <u>L</u>	606 SiWi york are Address:		
4	lamont, Fla 32336		
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 The name and I	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the registered agent is:		
	Willia Thathis		
Name:	2011/10/1/19	•	
Address:	2055 5.W. Mt. Olive Ch. Rd		
	lamont, Fla 32336	<u>≅</u> 8 <u>6</u>	
	,		
	INCORPORATOR address of the Incorporator is:	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
Name:	Elder Willie Chambers		25
Address:	111 1451 S. F	<u> </u>	
Address;	17 10 10 10 20222	意用 23	
	Harana, Ha 32333		
	EFFECTIVE DATE: f other than the date of filing:		•
(If an effective	date is listed, the date must be specific and cannot be more than five business days p	orior or 90 business days	
after the filing.)		
	te inserted in this block does not meet the applicable statutory filing requirements, this date entire the Department of State's records.	e will not be listed as the	
	amed as registered agent to accept service of process for the above stated corporation a familiar with and accept the appointment as registered agent and agree to act in this capa		is
D. 1- W	no the		
-MINI	Required Signature of Registered Agent	7-21-16 Date	
I submit this do	cument and affirm that the facts stated herein are true. I am aware that any false informa	ation submitted in a documer	11
	ent of State constitutes a third degree felony as provided for in s.817.155, F.S.	•	
Willi	e (Campu 2,	/19/16 Date	
	Required Signature of Incorporator	Date	