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COVER LETTER

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

SUBJECT: Mount Olive Primitive Baptist Church of Lamont, 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: Willie Chambers
Name (Printed or typed)

110 1st St. S, E
Address

Havana, Fla 32333
City, State & Zip

850-910-8605
Daytime Telephone number

Chamberswee@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: Mt. Olive Primitive Baptist Church of Lament Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

694 Mt Olive Church Rd
Lament, Florida 32336

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Church Meetings and
Church Worship

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ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Majority
election in Conference

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Calvin Harden - Trustee

Name and Title:

Address

1835 W. Youngstown
Lament, Fla 32336

Address:

Name and Title:

Herman Wallace - Trustee

Name and Title:

Address

606 S.W. York ave
Lament, Fla 32336

Address:

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:

Willie J. Mathis

Address:

2055 S.W. Mt. Olive ch. rd
Lamont, Fla 32336

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Elder Willie Chambers

Address:

110 1st St. S.E.
Havana, Fla 32333

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TALLAHASSEE, FLORIDA

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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

Willie J. Mathis
Required Signature of Registered Agent

2-21-16
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.

Willie Chambers
Required Signature of Incorporator

2/19/16
Date