

N 160000035216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

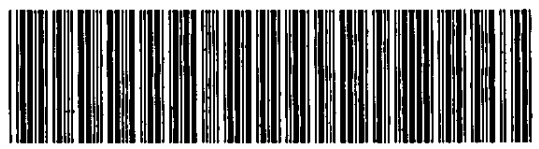
(Business Entity Name)

(Document Number)

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16 MAR 31 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

gf
4/6/18

COVER LETTER

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

SUBJECT: Jace Caulder Ministries, 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: Jace A. Caulder
Name (Printed or typed)

920 Birchfield Ct.
Address

Jacksonville, FL 32221
City, State & Zip

904-483-1848
Daytime Telephone number

exlifeencounters@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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DEPARTMENT OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

2-18-11

ARTICLE I. NAME

The name of the corporation shall be: Jace Caulder Ministries, Inc. FILED

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ARTICLE II PRINCIPAL OFFICE

Principal street address:

3519 Herschel St.
Jacksonville, FL
32205

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Said corporation is organized exclusively for charitable not for profit and religious purposes according to the 501(c)(3) Internal Revenue Code by sharing the Gospel of Grace in a conference or individual setting.

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

Elected at the annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shirk, Matthew A. Name and Title: _____

Address 3562 Oak St. Address: _____
Jacksonville, FL
32205

Name and Title: Sizemore, Joshua Name and Title: _____

Address 4134 Water Oak Lane Address: _____
Jacksonville, FL
32210

Name and Title: Caulder, Aaron J. Name and Title: _____

Address 8200 Styers Ct. Address: _____
Jacksonville, FL
32221

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: Jace A. Caulder
Address: 920 Birchfield Ct.
Jacksonville, FL 32221

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Jace A. Caulder
Address: 920 Birchfield Ct.
Jacksonville, FL 32221

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

Jace A. Caulder

Required Signature of Registered Agent

3/15/16

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.

Jace A. Caulder

Required Signature of Incorporator

3/15/16

Date