

N16000004729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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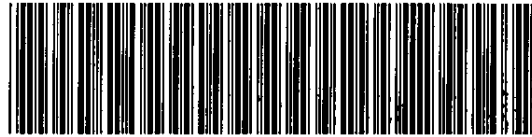
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAY - 2 PM 12:36

COVER LETTER

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

SUBJECT: LIVING STONE 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: REV. CHRIS COMFORT  
Name (Printed or typed)

448 HIGH TIDE DR.  
Address

ST. AUGUSTINE, FL. 32080  
City, State & Zip

609-713-5180  
Daytime Telephone number

CHRISCOMFORT62@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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DIVISION OF CORPORATIONS  
16 MAY - 2 PM 12:36

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

**ARTICLE I NAME**

The name of the corporation shall be: LIVING STONE CHURCH INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

448 HIGHTIDE DR.

ST. AUGUSTINE FL.

32080

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: LIVING STONE IS ORGANIZED  
FOR CHARITABLE, RELIGIOUS AND EDUCATIONAL  
PURPOSES

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: ELECTED  
BY CONGREGATION AT ANNUAL MEETING

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CEO/PASTOR  
REV. CHRIS COMFORT

Address: 448 HIGHTIDE DR.  
ST. AUGUSTINE, FL  
32080

Name and Title: MELISSA COMFORT V.P.

Address: 448 HIGHTIDE DR.  
ST. AUGUSTINE, FL  
32080

Name and Title: FRANK CIELS TREASURER

Address: 51 SAN CARLOS DR.  
PALM COAST, FL  
32137

Name and Title:

Address:

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DIVISION OF CORPORATIONS  
16 MAY -2 PM 12:36

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
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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: REV. CHAS COMFORT  
 Address: 448 HIGHTIDE DR.  
ST. AUGUSTINE FL 32080

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: REV. CHAS COMFORT  
 Address: 448 HIGHTIDE DR.  
ST. AUGUSTINE FL 32080

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

Rev. Ch. Comfort  
 Required Signature of Registered Agent

4/28/2016  
 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.

Rev. Ch. Comfort  
 Required Signature of Incorporator

4/28/2016  
 Date