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(Requestor's Name) (Address) (Address)	300284365893		
(City/State/Zip/Phone #)	04/11/1601045014 **78.75		
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Special Instructions to Filing Officer:			
Office Use Only 513-			
	5/12/14		

COVER LETTER

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

\$

SUBJECT:

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

S70.00 Filing Fee

Status

ST8.75 Filing Fee & Certified Copy S87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

Alma T. Knight, RN, Adventist Community Serv. Director

FROM:

Name (Printed or typed)

6003 NW 201 Terrace

Address

Miami Lakes, Florida 33015	A sea of a			• "
City, State & Zip		Ø		:
(305) 467-5229		N A	η	
Daytime Telephone number	***	0	1	:
almam@bellsuoth.net		25	\bigcirc	× .
-mail address: (to be used for future annual report notification)	тор, на с 1. ац., на с 1. ар	65:49		

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 14, 2016

ALMA T. KNIGHT 6003 NW 201 TERRACE MIAMI LAKES, FL 33015

SUBJECT: MIAMI NORTHSIDE SEVENTH-DAY-ADVENTIST CHURCH Ref. Number: W16000027850

We have received your document for MIAMI NORTHSIDE SEVENTH-DAY-ADVENTIST CHURCH and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The title(s) in the officer/director field(s) is/are not acceptable.Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

PN 3:07

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RECEN

Letter Number: 816A00007765

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www.sunbiz.org

Division of Componentiana, D.O. DOV 6207 Tollahasson Florida 2021

ARTICLES OF INCORPORATION

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

in compliance with chapter of 7, 1.5., (Not for Fronty		•	-َظِ -
ARTICLE I NAME The name of the corporation shall be: Miami Northside Seventh-Day	-Adventist Church, Incorporated	• •	r * 12."
ARTICLE II PRINCIPAL OFFICE		FR	_ED
Principal street address:	Mailing address, if diffe	erem is.	0 PM 1:49
1769 NW 119 Street	6003 NW 201 Terrace		E OF STATE
Miami, Florida 33167	Miami Lakes, FL. 22015		ann, hLish VA
ARTICLE III PURPOSE To prepare the purpose for which the corporation is organized is: The purpose for which the corporation is organized is:	he world for the second coming of Jesu hat makes disciples of every nation, ba		<u> </u>
the Father, and of the Son, and of the Holy Spirit by teaching the co	ommunity of the salvation found in Jes	us Christ (Matt. 28:18	3-20);
(2). Making positive community development our priority by provid	ding culturally competent, age-approp	riate, need-based spiri	tual
and emotional support, crisis intervention, health and educational li	teracy. (3). Teaching easy to follow he	ealthy nutritional, soci	al
and healthy lifestyle choices for Abundant Living (John 10: 10). (4)). Be a church that nurtures our commu	unity, our members,	

by collaborating with community partners to reduce disparities in health, education, and social services access for all people.

<u>ARTICLE IV</u> MANNER OF ELECTION The manner in which the directors are elected and appointed:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title	Robert Moore, Jr. PD	Name and Title:	Jeffery Townsend TD
Address	1769 NW 119 Street	Address:	1769 NW 119 Street
	Miami, FL 33167		Miami, FL 33167
Name and Title	Lynval Harris, VP/D	Name and Title:	Alma T. Knight, RN, CEO/D
Address	1769 NW 119 Street	Address:	6003 NW 201 Terrace
	Miami, FL 33167	-	Miami, Lakes FL 33015
Name and Title	Joyce Barnes SD	Name and Title:	Stephen R. Thompson TD
Address	1769 NW 119 Street	Address:	1769 NW 119 Street
	Miami, FL 33167		Miami, FL 33167

ARTICLE V: INTIAL OFFICERS AND/OR DIRECTORS

Name & Title: Hiram Rhaming/ D	Name & Title: Jessie Walker, Sr. /D
Address: 1769 NW 119 Street, Miami, FL. 33167	Address: 1769 NW 119 Street, Miami, FL. 33167

Name & Title: Monique Blissett / DName & Title: Rene Jackson / DAddress: 1769 NW 119 Street, Miami, FL. 33167Address: 1769 NW 119 Street, Miami, FL. 33167

Name & Title: Lena McArther / DName & Title: Keith Seymour, Jr. / DAddress: 1769 NW 11Street, Miami, FL. 33167Address: 1769 NW 119 Street, Miami, FL. 33167

Name & Title: Michael Hearne /DName & Title: Joann White /DAddress: 1769 NW119 Street, Miami, FL. 33167Address: 1769 NW 119 Street, Miami, FL. 33167

Name & Title: Lourder Louis/ DName & Title: Margarett Louis/ DAddress: 1769 NW 119 Street, Miami, FL. 33167Address: 1769 NW 119 Street, Miami, FL. 33167

Name & Title: Keith Seymour, Sr./ DName & Title: Dezrie Moore / DAddress: 1769 NW 119 Street, Miami, FL. 33167Address: 1769 NW 119 Street, Miami, FL. 33167

Name & Title: Stacy Fleridor / DName & Title: Johnnie Jackson/ DAddress: 1769 NW 119 Street, Miami, FL. 33167Address: 1769 NW 119 Street, Miami, FL. 33167

Name & Title: Vienna Nesbit / DName & Title: Doreen Foster/ DAddress: 1769 NW 119 Street, Miami, FL. 33167Address: 1769 NW 119 Street, Miami, FL. 33167

ARTICLE V: INTIAL OFFICERS AND/OR DIRECTORS

Name & Title: Josette Swartz / D	Name & Title: Clement Dean/ D
Address: 1769 NW 119 Street, Miami, FL. 33167	Address: 1769 NW 119 Street, Miami, FL. 33167
Name & Title: Van Neilly / D	Name & Title: Javine Owens / D

Address: 1769 NW 119 Street, Miami, FL. 33167 Address: 1769 NW 119 Street, Miami, FL. 33167

Name & Title: Balfour Hutton/ DName & Title: Mavis Seymour/ DAddress: 1769 NW 119 Street, Miami, FL. 33167Address: 1769 NW 119 Street, Miami, FL. 33167

Name & Title: Eileen John-Lewis / DName & Title: Josette Swartz / DAddress: 1769 NW 119 Street, Miami, FL. 33167Address: 1769 NW 119 Street, Miami, FL. 33167

Name & Title: Jude Vilain / D Address: 1769 NW 119 Street, Miami, FL. 33167

Name & Title: Van Neily / D

Address: 1769 NW 119 Street, Miami, FL. 33167

Name & Title: Tavaris West/ Jr Deacons Dir. Address: 1769 NW 119 Street, Miami, FL. 33167

Name & Title: Kenia West, / D

Address: 1769 NW 119 Street, Miami, FL. 33167

Name and Title	Marilyn Oates /D	Name and Title	Noemi Desir / D				
Address	1769 NW 119 Street	Address:	1769 NW 119 Stree	÷t			
	Miami, FL 33167		Miami, FL 33167				
Name and Title	Ulrick Desir /D	Name and Title	Bertha Lewis /D				
Address	1769 NW 119 Street	Address:	1769 NW 119 Stree	et et			
	Miami, FL 33167		Miami, FL 33167				
<u>ARTICLE VI</u> The <u>name and</u>	<u>_REGISTERED AGENT</u> Florida street address (P.O. Box NOT acce	ptable) of the regi	stered agent is:				
Name:	Alma T. Knight, RN, MB	A					
Address:	6003 NW 201 Terrace				<u></u>		
	Miami Lakes, FL. 33015				6 MAY		-
<u>ARTICLE VII</u> The name and	address of the Incorporator is:				NJ CI Y	FLED	
Name:	Alma T. Knight, RN, MB	SA					, 17 17
Address:	6003 NW 201 Terrace			्रत	64		1
	Miami Lakes, FL. 33015						
Effective date, (If an effective	<i>EFFECTIVE DATE:</i> if other than the date of filing: March 2 date is listed, the date must be specific an		(OPTIONAL) re than five business days pric	or or 90 b	usines	s days	
after the filing Note: If the da	.) te inserted in this block does not meet the ap	plicable statutory	y filing requirements, this date v	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

Required Signature of Registered Agent

April 01, 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.

n SIJ

April 01, 2016

Required Signature of Incorporator