

N/16000006047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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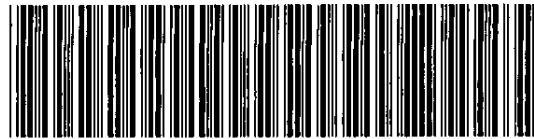
(Business Entity Name)

(Document Number)

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06/15/16

COVER LETTER

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

SUBJECT: Smith Temple - First Born Animal Center 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:

Bishop Rozell Davis
Name (Printed or typed)

9622 U.S. Hwy 301
Address

Dade City, Fl. 33525
City, State & Zip

cell (352) 461-4039
Daytime Telephone number

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: Smith Temple Revival Center
first Born Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

9622 U.S. Hwy 301
Dade City, FL 33525

Mailing address, if different is:

Dade City, FL 33525

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To save souls, heal pray
for the sick, help the poor and needy, work
with the young people.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Bishop Rozell Davis
Pastor

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pamela Davis

Address: 9622 U.S. Hwy 301
Dade City, FL
33525

Name and Title: Bishop Rozell Davis
Pastor

Address: 9622 U.S. Hwy 301
Dade City, FL
33525

Name and Title: Nattie Bee Roberts

Address: 9727 Herod St.
Talla, FL 33305

Name and Title: Lola Johnson - State Mother
Mother

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Pamela Davis

Address: 9622 U.S. Hwy 301

Dade City, FL 33525

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bishop Robell Davis

Address: 9622 U.S. Hwy 301

Dade City, FL 33525

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

Pamela Davis
Required Signature of Registered Agent

6/15/16
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.

Robell Davis
Required Signature of Incorporator

6/15/16
Date

STATE OF FLORIDA
DEPARTMENT OF STATE
CORPORATION DIVISION

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