

N16000008374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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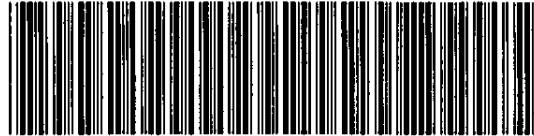
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 AUG 18 AM 11:18

EFFECTIVE DATE 08/15/16

K 08/25/16

COVER LETTER

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

SUBJECT: Zionist Prophecy International

(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: Zionist Prophecy International
Name (Printed or typed)

P O Box 40894
Address

Jacksonville Florida 32203-0894
City, State & Zip

786-362-2040
Daytime Telephone number

ChristineZionist@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: Zionist Prophecy International, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5306 DOSTIE DR SOUTH

Jacksonville Florida 32209

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GIVING NON-PROFIT EDUCATIONAL AND RELIGIOUS SERVICE TO THE COMMUNITY

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT CHRISTINE B GOUVEIA

Address: 5306 DOSTIE DR SOUTH
JACKSONVILLE FLORIDA 32209

Name and Title: VICE PRESIDENT Leslie B Spence

Address: 5306 DOSTIE DR SOUTH
JACKSONVILLE FLORIDA 32209

Name and Title: _____

Address: _____

Name and Title: _____

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: Leslie B Spence

Address: 5306 Dostie Dr. south

Jacksonville Florida 32209

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHRISTINE B GOUVEIA

Address: P. O. Box 40894

Jacksonville Florida 32203

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: August 15, 2016 (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

Leslie B Spence
Required Signature of Registered Agent

AUGUST 15, 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.

Christine B Gouveia
Required Signature of Incorporator

AUGUST 15, 2016
Date