

N16000009442

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16 SEP 27 AM 10:15

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SECTION OF STATE
TALLAHASSEE, FLORIDA

APPROVAL
FILED

11/11

COVER LETTER

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

SUBJECT: Faith Church & Youth 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: Mary Madison
Name (Printed or typed)

P. O. Box 37
Address

Midway, FL 32343
City, State & Zip

850-345-5021
Daytime Telephone number

Mary J. Madison@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:

Faith Church & Youth Center, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

405 Palmer RD
Midway, FL 32343

Mailing address, if different is:

P.O. Box 37 Midway, FL 32343

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Church & GED, Graduate from
high school & computer class enrolled in
college, Bank Acct, Apt. - none proprietary

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Mary Madison

Name and Title:

Director

Address

P.O. Box 37

Address:

Midway, FL 32343

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

SECRET
TALLAHASSEE
STATE
FLORIDA

16 SEP 27 AM 10:25

FILED

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

16 SEP 27 AM 10: 25

SECRETARY OF STATE
TALLAHASSEE FLORIDA
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: Mary Madison
Address: 405 Palmer RD
Midway, FL 32343

ARTICLE VII INCORPORATOR

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

Name: Mary Madison
Address: 405 Palmer RD / P.O. Box 37
Midway, FL 32343

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/26/16 (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

Mary Madison
Required Signature of Registered Agent

9/26/16
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.

Mary Madison
Required Signature of Incorporator

9/26/16
Date