

N16000010511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

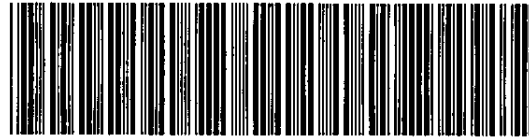
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

10/24/16 Dr. Nelson gave
authorization to correct
incorporator information.
Sending check to my
attor.

Office Use Only



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SECRETARY
FILED

16 OCT 26 PM 12:26

OCT 28 2016

D CUSHING

COVER LETTER

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

SUBJECT: ATFS Bible Institute

(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:

Dr. Margaret Nelson

Name (Printed or typed)

4345 Iris Street S

Address

Lakeland, Florida 33813

City, State & Zip

(863) 937-8282

Daytime Telephone number

Margaretnelson4@hotmail.com

E-mail address: (to be used for future annual report notification)

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

16 OCT 26 PM 12:24

FILED

Diane

Thanks, for all you've done to
help with this process. I don't know
what I would've done without you.

You've made things so much easier for me.

I'm trying to get this done alone, until help
comes along.

Sincerely
Margaret Halton

FILED
16 OCT 26 PM 12:24
SECRETARY
FBI NEW YORK

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

ARTICLE I NAME

The name of the corporation shall be:

A TFS Bible Institute, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4345 Iris Street
Lakeland, Florida
33813

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Educate in spiritual matters.
We seek to provide a learning experience which leads to spiritual
growth and which honors God at the same time. Our program
are Bible-based and oriented. We offer text books for their personal
libraries. Our Curriculum is Christ Centered.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

The Board of
Trustees shall duly elect and or appoint by at least of seven votes approved by
the pastor

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Dr. Margaret Nelson

Name and Title:

President

Address

4345 Iris Street S
Lakeland, Florida
33813

Address:

4345 Iris Street S
Lakeland, FL
33813

Name and Title:

Rev. Ron Nelson

Name and Title:

Asst. President

Address

4345 Iris Street S
Lakeland, Florida
33813

Address:

4345 Iris Street S
Lakeland Florida
33813

Name and Title:

Glorida Wyan

Name and Title:

Secretary

Address

610 Lemon St
Dundee, FL
33838

Address:

610 Lemon Street
Dundee, Florida
33838

Name and Title: Elizabeth Flowers Name and Title: Treasurer
Address: 3780 University Club Blvd #1205 Address: _____
Jacksonville, FL ✓
32277

Name and Title: Chairman of Trustee Name and Title: Elizabeth Flowers
Address: 3780 University Blvd #1205 Address: _____
Jacksonville, Florida
32277

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Dr. Margaret A. Nelson
Address: 4345 Iris Street S
Lakeland, Florida 33813

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Margaret A. Nelson
Address: 4345 Iris Street S
Lakeland, Florida 33813

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: April 1, 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

Margaret A. Nelson
Required Signature of Registered Agent

Sept 16, 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.

Margaret Nelson
Required Signature of Incorporator

Sept 16, 2016
Date