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(Address)

(City/State/Zip/Phone #)

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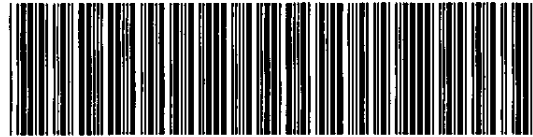
(Business Entity Name)

(Document Number)

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16 NOV 17 AM 10:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Embrace Christian Church, 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: Minister Duwayne Smith
Name (Printed or typed)

2904 Winding Trail Drive
Address

Valrico, FL. 33596
City, State & Zip

(813) 310-8646
Daytime Telephone number

duwaynesmith23@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: Embrace Christian Church, Inc.

16 NOV 17 AM 10:40

ARTICLE II PRINCIPAL OFFICE

Principal street address:
Embrace Christian Church, Inc.

Mailing address, if different is:

2904 Winding Trail Drive

Valrico, Fl. 33596

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Non Denominational Christian Church for religious worship service.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Duwayne A. Smith/ Minister DIRECTOR Name and Title: _____

Address 2904 Winding Trail Drive Address: _____
Valrico, Florida
33596

Name and Title: Fayeshawn D. Smith/ First Lady OFFICER Name and Title: _____

Address 2904 Winding Trail Drive Address: _____
Valrico, Florida
33596

Name and Title: Destiny A. Smith/ Officer Name and Title: _____

Address 2904 Winding Trail Drive Address: _____
Valrico, Florida
33596

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: Duwayne A. Smith
Address: 2904 Winding Trail Dr.
Valrico, Fl. 33596

16 NOV 17 AM 10:40
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Duwayne A. Smith
Address: 2904 Winding Trail Dr.
Valrico, Fl. 33596

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 days prior or 90 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

Duwayne A. Smith
Required Signature of Registered Agent

11/14/2016

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.

Duwayne A. Smith
Required Signature of Incorporator

11/14/2016

Date