

N/6000011855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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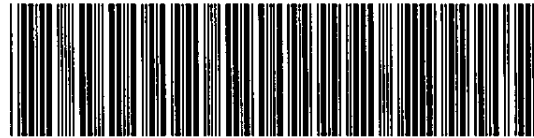
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 DEC 12 PM 2:15

12/13/16

COVER LETTER

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

SUBJECT: Refuge Church of Christ of the Apostolic Faith, 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: A.L. Goosby

Name (Printed or typed)

1940 Lincoln Avenue

Address

Opa-Locka, FL 30354

City, State & Zip

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: Refuge Church of Christ of the Apostolic Faith, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
1940 Lincoln Ave
Opa-Locka, FL 33054

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
To evangelize the world for Jesus Christ; to equip every believer to become true disciples of Christ; and to engage those social
problems that challenge the community we have been called to serve.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Appointment by P.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>A.L. Goosby, P</u>	Name and Title:	<u>Gloria Messer, T</u>
Address	<u>1940 Lincoln Ave</u>	Address:	<u>1600 NE 135 Street</u>
	<u>Opa-Lacka, FL 33054</u>		<u>#610</u>
			<u>North Miami, FL 33181</u>
Name and Title:	<u>Phillip Hepburn, T</u>	Name and Title:	<u>Britney Cochran, T</u>
Address	<u>490 NE 120 Street</u>	Address:	<u>1600 NE 135 Street</u>
	<u>North Miami Beach, FL 33162</u>		<u>#610</u>
			<u>North Miami, FL 33181</u>
Name and Title:	<u>Gail Jenkins, T</u>	Name and Title:	<u>Pearl Jenkins, T</u>
Address	<u>61 NW 189 Street</u>	Address:	<u>1243 NW 25 Street</u>
	<u>Miami, FL 33169</u>		<u>Miami, FL 33142</u>

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DIVISION OF CORPORATIONS
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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: A.L. Goosby
Address: 1940 Lincoln Ave
Opa-Lacka, FL 33054

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: A.L. Goosby
Address: 1940 Lincoln Ave
Opa-Lacka, FL 33054

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Dec. 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

Required Signature of Registered Agent

12/5/16

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.

Required Signature of Incorporator

12/5/16

Date