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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 APR -3 PM 3:00

RECEIVED
2017 APR -3 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Temple of Judah Revival Center Ministries 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: Michael Gouns
Name (Printed or typed)

3406 Swindell Road
Address

Lakeland, FL 33810
City, State & Zip

863-934-4867
Daytime Telephone number

mgpins813@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: Temple of Judah Revival Center Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3406 Swindell Road
Lakeland, FL 33810

Mailing address, if different is:

Same as principal address

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Ministry to help the needy.

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

The manner in which directors are to be elected.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Goins Name and Title: _____

Address: 3406 Swindell Road Address: _____
Lakeland, FL 33810
Director

Name and Title: Shonda Harris Name and Title: _____

Address: 3406 Swindell Road Address: _____
Lakeland, FL 33810
Secretary

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 APR -3 PM 3:09

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: Michael Goins

Address: 3406 Swindell Road
Lakeland, FL 33810

ARTICLE VII INCORPORATOR

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

Name: Michael Goins

Address: 3406 Swindell Road
Lakeland, FL 33810

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

Michael Goins
Required Signature of Registered Agent

4/3/2017
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.

Michael Goins
Required Signature of Incorporator

4/3/2017
Date