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(Business Entity Name)

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**COVER LETTER**

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

SUBJECT: Redeeming Life Church  
(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: Leon Seymour Jr  
Name (Printed or typed)

4100 Beverly Ave  
Address

Sacksonville FL 32208  
City, State & Zip

904 - 9555550  
Daytime Telephone number

leontimbo@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: Redeeming Life Church Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

4100 Beverly Ave  
Sacksonville Fl 32208

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to disseminate the Gospel of  
Jesus Christ and the word of God, to the end  
that the people of God may be conformed to the image  
of Christ. .. Jesus Christ.

To ordain ministers; to assist in the establishment and  
maintenance of other church locations.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: By a  
2/3rd vote of majority of the directors.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dr. Leon Bryant Seymour Name and Title: \_\_\_\_\_  
Address: 10235 Meadow Pointe Dr. Address: \_\_\_\_\_  
32221 Sacksonville Fl

Name and Title: Brenda Seymour Name and Title: \_\_\_\_\_  
Address: 10235 Meadow Pointe Dr. Address: \_\_\_\_\_  
32221 Sacksonville Fl

Name and Title: Leon Bryant Seymour Jr. Name and Title: \_\_\_\_\_  
Address: 4100 Beverly Ave - Address: \_\_\_\_\_  
Sacksonville Fl. 32208

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
17 APR 27 PM 4:06

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: Leon Bryant Seymour

Address: 4100 Beverly Ave 32208  
Jacksonville Fl

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Leon Bryant Seymour

Address: 4100 Beverly Ave 32208  
Jacksonville Fl

**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*

\_\_\_\_\_  
Required Signature of Registered Agent

04-27-17  
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

04-27-17  
Date

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DIVISION OF CORPORATIONS  
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