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17 MAY -2 AM 9:51
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COVER LETTER

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

SUBJECT: QUEEN CHADEL PRIMITIVE BAPTIST 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: Cornelia H. Smith
Name (Printed or typed)

4811 CENTER DRIVE
Address

TALLAHASSEE, FL 32305
City, State & Zip

850-284-0488
Daytime Telephone number

corneliah2@embargmail.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: Queen Chapel Primitive Baptist Church of Tallahassee INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

2073 Monday Road
Tallahassee, FL 32301

3387 Sugarfoot Lane
Tallahassee, FL 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A Non-Profit Religious organization
Operating IN Leon County, Florida - A Bible Teaching
A Bible Believing, Born again Believers IN Jesus
Christ

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

Business Meetings And Elections

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lakendric Green

Address: 79 Lawson Road
Midway FL 32343
Pastor

Name and Title: Cornelia Smith

Address: 4811 Center Drive
Tallahassee, FL 32305
Finance Secretary

Name and Title: JENNETTE SPEIGHTS

Address: 3387 Sugarfoot Lane
Tallahassee, FL 32311
Asst. Finance Secretary

Name and Title: Muslimah Shabazz

Address: 1411 Bahia Drive
Tallahassee, FL 32305
Church Mother

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAY -2 AM 9:58

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: Cornelia H. Smith

Address: 4811 CENTER DRIVE

TALLAHASSEE, FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CORNELIA H. SMITH

Address: 4811 Center Drive

Tallahassee, FL 32305

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

Cornelia H. Smith

Required Signature of Registered Agent

05/02/17
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.

Cornelia H. Smith

Required Signature of Incorporator

05/02/17
Date

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