

N17000005139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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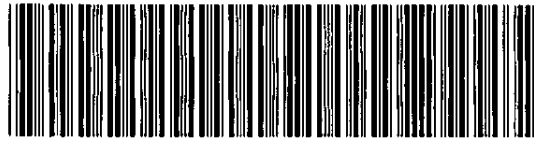
(Business Entity Name)

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DIVISION OF CORPORATIONS
17 MAY 16 AM 11:24

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17 MAY 16 AM 11:03
SECRETARY OF STATE
TALLAHASSEE

COVER LETTER

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

SUBJECT: ST MATTHEW 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: ELDER DR. NICHOLAS SAMMING
Name (Printed or typed)

1905 MILLERS LANDING ROAD
Address

TALLAHASSEE, FL 32312
City, State & Zip

850-893-7795 / 850 510-6676
Daytime Telephone number

NICHOLAS.SAMMING@YAHOO.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: ST MATTHEW PRIMITIVE BAPTIST CHURCH, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1905 MILLER LANDING RD USAME
TALLAHASSEE, FLA 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CHURCH SERVICES

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17 MAY 16 AM 11:24

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DEACON LOUIS THOMPSON Name and Title: DEACON EDWARD THOMPSON

Address: 6624 N MERIDIAN RD Address: 6624 N. MERIDIAN RD
TALLAHASSEE FLA 32312 TALLAHASSEE, FLA 32312

Name and Title: DEACON ROSLOE THOMPSON Name and Title: RICHARD HARRIS (BRO) TRUSTEE

Address: 6742 N MERIDIAN RD Address: 1905 MILLER'S LANDING RD
TALLAHASSEE, FLA 32312 TALLAHASSEE, FLA 32312

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: ELDON DR. NICHOLAS RAHMING (Pastor)

Address: 1905 MILLERS LANDING ROAD
TALLAHASSEE FLA 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ELDON DR. NICHOLAS RAHMING (Pastor)

Address: 1905 MILLERS ROAD
TALLAHASSEE, FLA 32312

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/16/17 (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

[Signature]

Required Signature of Registered Agent

5/16/17

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.

[Signature]

Required Signature of Incorporator

5-16-17

Date