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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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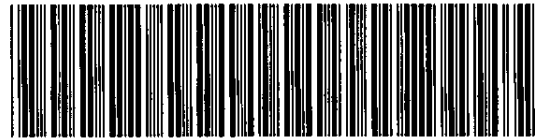
(Business Entity Name)

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JUL 7 2017

COVER LETTER

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

SUBJECT: New Dimensional Ministries Cathedral Incorporated

(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: Roderick Stephan Love, Sr.

Name (Printed or typed)

2537 Armor Court

Address

Jacksonville, Florida 32254

City, State & Zip

904-428-3683

Daytime Telephone number

bishoprsllove@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: New Dimensional Ministries Cathedral Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2537 Armor Court

Jacksonville, Florida 32254

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate and function exclusively for religious, educational, community support and distinct ecclesiastical purposes. To conduct local church services and activities by the direction and aid of the Holy Spirit and under the leadership of Jesus Christ.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roderick Stephan Love, Sr.-President Name and Title: _____

Address 2537 Armor Court Address: _____
Jacksonville, FL 32254

Name and Title: Carolyn Elaine Love-Vice President Name and Title: _____

Address 2537 Armor Court Address: _____
Jacksonville, FL 32254

Name and Title: Darlene Brown Smith-Secretary Name and Title: _____

Address 5710 Lenox Ave Apt 305 Address: _____
Jacksonville, FL 32205

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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: Roderick Stephan Love, Sr.
Address: 2537 Armor Court
Jacksonville, FL 32254

ARTICLE VII INCORPORATOR

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

Name: Carolyn Elaine Love
Address: 2537 Armor Court
Jacksonville, FL 32254

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FILED
JUL 11 2017
CLERK OF COURT
JUL 11 2017

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

Roderick Stephan Love, Sr.
Required Signature of Registered Agent

7/2/17
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.

Carolyn Elaine Love
Required Signature of Incorporator

7/2/17
Date