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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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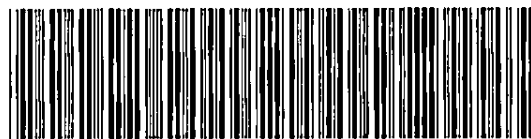
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 25 2017

COVER LETTER

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

SUBJECT: Impact Transmission Center 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: Kendrick J McMiller
Name (Printed or typed)

2018 B South Adams St.
Address

Tallahassee FL 32301
City, State & Zip

850-459-3229
Daytime Telephone number

kendrickjmcmler@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: Impact Transmission Center Inc.

ARTICLE II PRINCIPAL OFFICE

Add EIN-82-2594310

Principal street address:

Mailing address, if different is:

2018 B South Adams St.
Tallahassee FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Church

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Through
Pastor/President Only (no church vote)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

(President)

Name and Title: Kendrick J. McMillen Name and Title: _____

Address: 2017 Peachtree DR Address: _____

Tallahassee, FL 32304

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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2017 AUG 25 PM 12:07
TALLAHASSEE, FL

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: Kendrick J. McMiller

Address: 2017 Peach tree DR
Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kendrick J. McMiller

Address: 2017 Peach tree DR
Tallahassee, FL 32304

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

Kendrick J. McMiller
Required Signature of Registered Agent

8/24/17
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.

Kendrick J. McMiller
Required Signature of Incorporator

8/24/17
Date

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