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(Reque	estor's Name)
(Addre	ss)
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(City/S	tate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ess Entity Name)
(Docur	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Filin	ng Officer.
+	Office Use Only



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2017 SEP 1/3 / 2016: 35

17 SEP 13 AH BD PA

COVER LETTER

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

SUBJECT:	Loved By Jesus Family Church Inc. PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)	
	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 \$78.75 \$87.50 \$87.50 Filing Fee & Filing Fee & Filing Fee, Certificate of Status

\$Certificate Opy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Dorothy Inman-Johnson
Name (Printed or typed)

2121 Trescott Drive
Address

Tallahassee, FL 32308

City, State & Zip

850-445-8807

Daytime Telephone number

dotinman-johnson@hotmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

AKTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

RTICLE I NAME e name of the corporation shall be:	Loved By Jesus	Family Churc	h, Inc.	
RTICLE II PRINCIPAL OFFIC	•	,	,	
Principal <u>street</u> addr	css:	Mailing address, i	f different is:	
2121 Trescot	+ Drive	(Same as st	reet address)
Tallahassee, F	Florida 32308			
RTICLE III PURPOSE			10 - 1 - 1	0
ne purpose for which the corporation	n is organized is: The Pu	rpose is to for	m the Loved	By
Jesus Family Chur	chas a legally e	stablished not	-for-profit c	hurch
for Sunday Worship related meetings	services, pasto and activities.	oral counseling,	and other chi	wch
				201
			188	1,
oe elected by the		gation (members)	pinted: Directors	- WIL - 33
Director Mr. Dervick	SAND/OR DIRECTORS Name and	Title: Mrs. Vivian	Bush Chair	marytire
ddress 2660 Old B	ainbridge Rd Address:	2660 Old B	bainbridge Rd	
A201	<u>J</u>	A 201		
Tallahasse	e, FL 32303	Tallahassee	, FL 32303	
ame and Title: Mr. Victor	Inman Diverto an	Title: Ms. Tamva	Hodge/Dire	ector
	Hwy. 319 N. Address:			
Lot 32	I		L, FL 32310	
. Thomasville,	Georgia 31757	ŧ.		
ne and Title: Ms. Toborah	Cozart Hawkingme an	d Title:		
ress 717 Millard	1 Street Address:			
_	c, FL 32301			
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Address: Address: Address: Address: Address: Address: Address: Address: Address: Dorothy Inman- Johnson Address: Address: Address: Address: Address: Address: Address: Tallahassee, FL 32308 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Rev. Lee B. Johnson Address: ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: Address: ACTICLE VIII EFFECTIVE DATE: Beffective date, if other than the date of filing: Address: ACTICLE VIII EFFECTIVE DATE: Beffective date, if other than the date of filing: ACTICLE VIII EFFECTIVE DATE: ACTICLE VIII EFFECTIVE D	
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laving been named as registered agent to accept service of process for the above stated corporation at the place designate entificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	the
	d in this
Required Signature of Registered Agent Date	7
Required Signature of Begistered Agent Date	
abmit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a contemporal herein herein to the Department of State constautes a third degree felony as provided for in s.817.155, F.S.	ocument
9/12/201	2
Required Signature of Incorporator Date	•

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