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COVER LETTER

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

JBJECT:	(PROPOSED CORPO	DRATE NAME – <u>MUST IN</u>	<u>ČĽUDE SÚFFIX</u>)
nclosed is an original a \$70.00 Filing Fee	nd one (1) copy of the Arti \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	a check for: \$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL COPY REQUIRE	
			·

Name (Printed or typed)

5820 North Monroe Street

Address

Tallahassee, Florida 32303

City, State & Zip

850.562.6447

Daytime Telephone number

caburney22@yahoo.com

E-mail address: (to be used for future annual report notification)

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

2018 FEB - 6 PM 4: 28

ARTICLES OF INCORPORATION

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

ARTICLE I The name of th	NAME e corporation shall be:	lark Primitive Baptist	Church Inc			
ARTICLE II	PRINCIPAL OFFICE					
Rev.	Principal <u>street</u> address: Dr. Chris A. Burney, Teacher// Senior	Pastor 58	Mailing address, if different is: 5820North Monroe Street, Tallahassee, Florida 32303			
Deac	Deacon Billy Doyle (Chairman Deacon Board)		5820 North Monroe Street, Tallahassee, Floria 32303			
Deacon Roosevelt Griffin (Treasure)		58	5820 North Monroe Street, Tallahassee, Florida 32303			
his light, and l	PURPOSE or which the corporation is organized is having been baptized upon a profession hurch way, to be governed and guided	n of faith in Christ Jest		Lord and one an		
together by the	e help of God to keep up the discipline	of the Church of which	ch we are members in brotherly affect	ion toward each	other	
and, if need be	e, in the tender, and affectionate manne	er, to reprove one anot	her. We also agree with God's assistan	nce to attend ou		
our Church me	eetings, and not absent ourselves from	the Communion of the	e Lord's Supper without a lawful reason	on. These things	s we d	
to observe and	I keep sacred in the name of, and by the	e assistance of God.		<u> </u>		
ARTICLE IV	MANNER OF ELECTION The r	· · · · · · · · · · · · · · · · · · ·	rectors are elected and appointed:	: : : : :	_	
Name and Title	Billy Doyle, Deacon	Name and Titl	Jessie Robinson (Deacon)			
Address	5820 North Monroe Street	Address:	5820North Monroe Street			
	Tallahassee, Florida 32303		Tallahassee , Florida 32303			
	850.562.6447		<u> </u>	2018		
Name and Title	Waymond Jackson, Deacon	Name and Titl	e:	1 FEB		
Address	5820 North Monroe Street	Address:	ASSE	3-6		
	Tallahassee, Florida 32303		<u></u>	PH ED		
	Robbin Richardson (Deacon)		. ORI	4: 2		
Name and Title	e: 5820 North Monroe Street	Name and Titl	e:	œ		
Address	Tallahassee, Florida 32303	Address:		. <u>-</u>		
	850.562.6447			!		
				-		

Name and Title:		Name and Title:		
Address		Address:		
Name and Title:_				
Address		Address:		
_				
				
ARTICLE VI	REGISTERED AGENT			
	orida street address (P.O. Box NOT accept	able) of the registered agent is:		
Name:	Roosevelt Griffin (Treasu	re)		
Address: 5820 North Monroe Street Tallahassee, Florida 323		<u> </u>	2018 SEL	
		3	FILED MI FEB -6 PH 4: 28 SECRETARY OF STATE SALLAHASSEE, FLORIO.	
			ASSER	
	INCORPORATOR		E P	
The name and add	dress of the Incorporator is:	`	10 12 1:	
Name:	Roosevelt Griffin (Treasure)		28 28 28	
Address: 5820North Monroe			·	
	Tallahassee, Florida 3230	3		
ARTICLE VIII Effective date, if of (If an effective date)	EFFECTIVE DATE: other than the date of filing: te is listed, the date must be specific and	18 (OPTION cannot be more than five day	AL) /s prior or 90 days after the filing.)	
	inserted in this block does not meet the app ive date on the Department of State's record		ents, this date will not be listed as the	
certificate) I am fa	miliar with and accept the appointment as	registered agent and agree to a		
Required Signature of Registered Agent		Avant	7/C//S	
ſ			Date :	
to the Department	of State constitutes a third degree felony as		false information submitted in a document	
Frant (In In		2/4/8 Date	
	Required Signature of Incorpo	orator	Date	