

N1800000 2327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

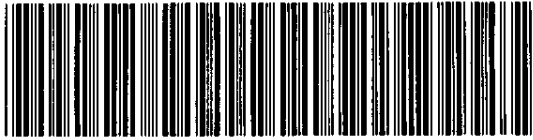
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 MAR -5 AM 9:44

N. SAMS
MAR 05 2018

FILED
2018 MAR -5 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I Patricia Nicholson

Will not Reinstatz The
New harvest holy ministry D.M.
#14000007993

~~Patricia Nicholson~~

3/5/18

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: _____
(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: Patricia Nicholson
Name (Printed or typed)

3520 Sunkissed Rd
Address

Tallahassee Florida, 32305
City, State & Zip

(850) 345-5796
Daytime Telephone number

aancs70@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: New Harvest Holy Ministry Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4278 SandPine DR

Tallahassee, Fla

32305

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To have bible study and TO Pray and Fellowship

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TALLAHASSEE, FLORIDA

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President CEO - P
Address: 4278 SandPine Dr
Tallahassee, Florida
32305

Name and Title: Patricia nicholson, CEO
Address: 4278 SandPine Dr
Tallahassee, Fla, 32305
Pastor

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: President - CEO - P
Address: 4278 SandPine Dr
Tallahassee, Fla
32305

Name and Title: Abraham nicholson
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: Patricia nicholson
Address: 4278 Sand Pine Dr.
Tallahassee, Fla 32305

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Patricia nicholson
Address: 3520 Sunsetwood rd
Tall, Fla 32305

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

Patricia Nicholson
Required Signature of Registered Agent

3/5/18
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.

Patricia Nicholson
Required Signature of Incorporator

3/5/18
Date