

N18 000 003 947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

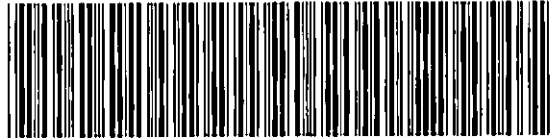
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APR 10 2018

COVER LETTER

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

SUBJECT: South eastern Regional Primitive Baptist Convention in
(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: Robert R Gaines
Name (Printed or typed)

8573 Raquel Lane
Address

Tallahassee FL 32312
City, State & Zip

(850) 510-0090
Daytime Telephone number

Robert.R.Gaines@juno.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: Southeastern Regional Primitive Baptist Convention inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

8573 Rague Lane
Tallahassee Fla, 32312

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: We Southeastern Regional Primitive Baptist Church in The State of Florida
Convined of the need for a Regional Convention
for Fellowship, Worship, and teaching for the
glory of the Kingdom of God do ordain and
establish this constitution

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Electioned
by votes of members only.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elder Robert R. Gaines Name and Title: _____

Address: 8573 Rague Lane Address: _____

Tallahassee FL 32312
President

Name and Title: Elder Harry Cloud Name and Title: _____

Address: 149 Broad Ave. Address: _____

Gretna FL 32332
Recording Secretary

Name and Title: Elder Franklin Rush Name and Title: _____

Address: 2256 Fleischmann Rd Address: _____

Tallahassee FL 32308
Financial Secretary

2018 APR 10 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Atty Elder Robert R Gaines
 Address: 8573 Raguel Lane
Tallahassee FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Elder Robert R. Gaines
 Address: 8573 Raguel Lane
Tallahassee Fla. 32312

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Robert R Gaines

Required Signature of Registered Agent

4/9/18
 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.

Robert R Gaines

Required Signature of Incorporator

4/9/18
 Date