

NI80000004282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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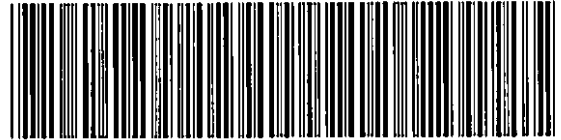
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. SCHLOEDER

## COVER LETTER

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

SUBJECT: Church Business & Resource 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: Kathy M. Wright  
Name (Printed or typed)

501 E. Tennessee Street, Ste. E  
Address

Tallahassee, Florida 32308  
City, State & Zip

(850) 345-2018  
Daytime Telephone number

WrightK@nettally.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: Church Business & Resource Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

501 East Tennessee Street  
Suite E  
Tallahassee, Florida 32308

Mailing address, if different is:

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Church business and resources.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: as stated  
in By Laws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Kathryn Wright, Admin. Consultant

Address:

113 Westwood Drive  
Tallahassee  
Florida 32304

Name and Title:

Address:

Name and Title:

Nathan A. Wright, Treasurer

Address:

113 Westwood Drive  
Tallahassee  
Florida 32304

Name and Title:

Address:

Name and Title:

Annie D. Nolen, Secretary

Address:

P.O. Box 158  
Dretna  
Florida 32304

Name and Title:

Address:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: Kathy M. Wright

Address: 113 Westwood Drive  
Tallahassee, FL 32304

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kathy M. Wright

Address: 113 Westwood Drive  
Tallahassee, FL 32304

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: April 17, 2018 (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

Kathy M. Wright  
Required Signature of Registered Agent

4/17/18  
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.

Kathy M. Wright  
Required Signature of Incorporator

4/17/18  
Date