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2018 JUN -8 AM 11:29
SECRETARY OF STATE
ATTN: ASSESSEMENT

D. O'KEEFE

JUN 08 2018

COVER LETTER

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

SUBJECT: Little Salem Primitive Baptist Church, Incorporated
(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: Cheryl Randolph
Name (Printed or typed)

930 Spring Creek Highway
Address

Crawfordville, FL 32327
City, State & Zip

(850) 926-5982
Daytime Telephone number

littlesalemchurch@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: Little Salem Primitive Baptist Church, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1998 Wakulla Arran Road
Crawfordville, FL 32327

Mailing address, if different is:

P.O. Box 343
Crawfordville, FL 32326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for all lawful business in the
State of Florida.

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

N/A

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CLERK OF STATE
TALLAHASSEE, FL 32399

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bonnie White, President

Address: 1998 Wakulla Arran Rd.
Crawfordville FL 32327

Name and Title: Lorenzo Randolph, Vice President

Address: 1998 Wakulla Arran Rd.
Crawfordville FL 32327

Name and Title: Cheryl Randolph, Secretary

Address: 1998 Wakulla Arran Rd.
Crawfordville, FL 32327

Name and Title: Tangela Sepp, Treasurer

Address: 1998 Wakulla Arran Rd.
Crawfordville, FL 32327

Name and Title: _____

Address: _____

Name and Title: _____

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: Ronnie White

Address: 35 Gay Drive
Crawfordville, FL 32327

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Cheryl Randolph

Address: 930 Spring Creek Highway
Crawfordville FL 32327

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TALLAHASSEE FL 32399

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

Ronnie White
Required Signature of Registered Agent

6-6-18
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.

Cheryl S. Randolph
Required Signature of Incorporator

6/6/2018
Date