

N15000008386

(Requestor's Name)

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(City/State/Zip/Phone #)

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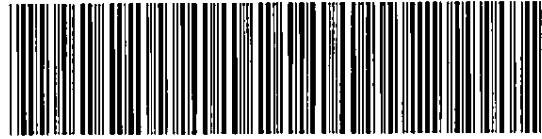
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: HOLY OF HOLIES 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: STANLEY J. KMET
Name (Printed or typed)

2140 VICTORY GARDEN NW.
Address

TALLAHASSEE FL 32301
City, State & Zip

850 322-0322
Daytime Telephone number

ALPHA OMEGA GROUP 7 @ 6 MAIL.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32301

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: HOLY OF HOLIES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

2140 VICTORY GARDEN LN.
TALLAHASSEE, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO CONDUCT RELIGIOUS
WORSHIP AND MINISTRY SERVICES
AND PROVIDE TEACHING. IT IS A
NON-FOR-PROFIT ORGANIZATION

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

AT BOARD MEETINGS BY BOARD MEMBERS & VOTE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>STANLEY J. KMET</u>	Name and Title:	<u>RICK HATLER</u>
	<u>PRESIDENT</u>		<u>VICE-PRESIDENT</u>

Address:	<u>2140 VICTORY GARDEN LN.</u>	Address:	<u>2001 ST. AUGUSTINE RD.</u>
	<u>TALLAHASSEE, FL 32301</u>		<u>APT F 103</u>
			<u>TALLAHASSEE, FL 32301</u>

Name and Title:	<u>H.D. THURMOND</u>	Name and Title:	<u>SCOTT SAPP</u>
	<u>SECRETARY</u>		<u>BOARD MEMBER</u>

Address:	<u>168 OAK ST</u>	Address:	<u>2019 MARY ALLEN DR</u>
	<u>CRAWFORDVILLE, FL 32327</u>		<u>TALLAHASSEE, FL 32303</u>

Name and Title:	<u>MARCELLA KMET</u>	Name and Title:	
	<u>TREASURER</u>		

Address:	<u>2140 VICTORY GARDEN LN.</u>	Address:	
	<u>TALLAHASSEE, FL 32301</u>		

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TALLAHASSEE, FL

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:

STANLEY J. KMET

Address:

2140 VICTORY GARDEN LN.
TALLAHASSEE, FL. 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

STANLEY J. KMET

Address:

2140 VICTORY GARDEN LN.
TALLAHASSEE, FL. 32301

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

Stanley J. Kmet

Required Signature of Registered Agent

8/3/18

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.

Stanley J. Kmet

Required Signature of Incorporator

8/3/18

Date

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TALLAHASSEE, FL
STATE DEPT OF REVENUE