

N180000009896

(Requestor's Name)

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(City/State/Zip/Phone #)

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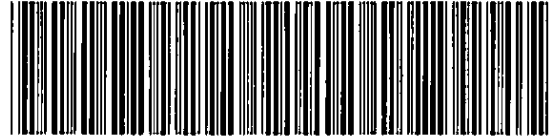
(Business Entity Name)

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## COVER LETTER

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

**SUBJECT:** St. Paul Missionary Baptist Church in Lake Jackson-Tallahassee, 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: Mildred Dorsey  
\_\_\_\_\_  
Name (Printed or typed)

5256 Family Tree Lane  
\_\_\_\_\_  
Address

Tallahassee, FL 32303  
\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

stpaulmbc.lakejackson@gmail.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: St. Paul Missionary Baptist Church in Lake Jackson-Tallahassee, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address:  
8002 Old Bainbridge Road

Tallahassee, FL 32303

Mailing address, if different is:

P.O. Box 37267

Tallahassee, FL 32315

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To maintain a church that is Bible-based. The primary mission of the St.

Paul Missionary Baptist Church in Lake Jackson-Tallahassee, is to bring glory and honor to its head, Jesus Christ, through a balanced  
ministry of worship, preaching and teaching of The Word, edifying the saints, caring for the needs of others, and fulfilling the great  
commission (Matthew 28:18-20).

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed In the by-laws  
the Chairman + Co-Chairman will call a board meeting,

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ~ SEE ATTACHMENT ~

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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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: Mildred Dorsey

Address: 5256 Family Tree Lane  
Tallahassee, FL 32303

**ARTICLE VII INCORPORATOR**

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

Name: Will Samuel Dickey

Address: 616 Fulton Road  
Tallahassee, FL 32312

**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*

Mildred Dorsey  
Required Signature of Registered Agent

9/17/18  
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.*

Will Samuel Dickey  
Required Signature of Incorporator

9/17/18  
Date

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## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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[illegible]