

718000011219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2018 OCT 19 PM 12:04
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COVER LETTER

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

SUBJECT: Charlestown Methodist Church, 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: Michele Pemberton
Name (Printed or typed)

4801 S University Drive, Suite 217

Address

Davie, FL 33328

City, State & Zip

754-300-9740

Daytime Telephone number

m_pember@absoluteaccountingcpa.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: Charlestown Methodist Church, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2175 NW 77th Way

Suite 102

Pembroke Pines, FL 33024

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to proclaim the good news of Jesus Christ. The corporation is organized

exclusively for religious, charitable, scientific and educational purposes, including, for such purposes, the making of distributions

to organizations that qualify as exempt organizations under section 501 (c) (3) of the Internal Revenue Code, or corresponding section
of any future federal tax code.

Upon dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section

501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal

government, or to a state or local government, for a public purpose.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Telbert Glasgow - Director

Name and Title: Gloria Anslyn - Director

Address: 2298 NW 78th Ave, Apt 102

Address: Brazier's Estate

Pembroke Pines, FL 33024

St. John's Parish

Nevis, West Indies

Name and Title: Ricaldo V. Caines - Director

Name and Title: Carmelita Merchant - Director

Address: Jessups Village

Address: Hickman's Road

St. Thomas' Parish

Gingerland

Nevis, West Indies

Nevis, West Indies

Name and Title: Bonny Byron - Director

Name and Title: _____

Address: Ramsbury

Address: _____

Charlestown

Nevis, West Indies

2016 OCT 19 PM 12:04

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: Absolute Accounting and Business Solutions, Inc.
Address: 4801 S University Drive, Suite 217
Davie, FL 33328

ARTICLE VII INCORPORATOR

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

Name: Michele Pemberton
Address: 4801 S University Drive, Suite 217
Davie, FL 33328

ARTICLE VIII EFFECTIVE DATE: 10/12/2018

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.)

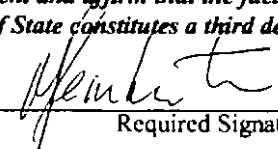
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature of Registered Agent

10/15/2018
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.


Required Signature of Incorporator

10/15/2018
Date