



# 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  
Address: 2298 NW 78th Ave, Apt 102  
Pembroke Pines, FL 33024

Name and Title: Gloria Anslyn - Director  
Address: Brazier's Estate  
St. John's Parish  
Nevis, West Indies

Name and Title: Ricaldo V. Caines - Director  
Address: Jessups Village  
St. Thomas' Parish  
Nevis, West Indies

Name and Title: Carmelita Merchant - Director  
Address: Hickman's Road  
Gingerland  
Nevis, West Indies

Name and Title: Bonny Byron - Director  
Address: Ramsbury  
Charlestown  
Nevis, West Indies

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

RECORDED  
2019 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

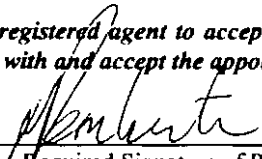
**ARTICLE VIII EFFECTIVE DATE:** 10/12/2018

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*

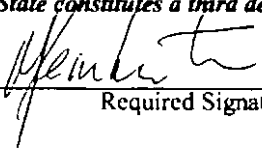


\_\_\_\_\_  
Required Signature of Registered Agent

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