

N18000013398

(Requestor's Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DEC 28 2018

C Kinsey

COVER LETTER

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

SUBJECT: New Kingdom International House of Prayer, 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: Carl L. Joseph
Name (Printed or typed)

299 SW Brookwood Ave
Address

Madison, Florida 32340
City, State & Zip

386-214-1075
Daytime Telephone number

Carl.joseph48@yahoo.com
E-mail address (to be used for future annual report nomination)

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: New Kingdom International House of Prayer, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

297 SW Brookwood Ave
Madison, Florida 32340

Mailing address, if different is:

P.O. Box 1152
Madison, FL
32341

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for this is to win souls feed the
hungry but more importantly a team of Christians passionate
about sharing the message of salvation through
Jesus Christ thus "Bridging the gap" Locally, Regionally,
and Nationally.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: N.K.I. HOP officers
will be elected within the bylaws
Every 2 years

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CEO - Dr. Carl Joseph

Address: 349 SW Valentine Ave
Madison, FL
32340

Name and Title: Lashawndra Hampton R

Address: 259 Anderson Pond way
Madison, FL
32340

Name and Title: Demetria Phillip - President

Address: 146 SW Brookwood Ave
Madison, FL
32340

Name and Title: Carlisha Joseph R

Address: 349 SW Valentine Ave
Madison, FL
32340

Name and Title: Frederick Joseph VP

Address: 386 SW Lawson Cir SB
Madison, FL
32340

Name and Title: Calvin Davis

Address: 156 SE Seminole St.
Madison, FL
32340

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: Carl L. Joseph

Address: 349 SW Valentine Ave
Madison, FL 32340

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carl L. Joseph

Address: 349 SW Valentine Ave
Madison, FL 32340

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Jan. 1, 2019 (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

Carl L. Joseph
Required Signature of Registered Agent

12-28-18
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.

Carl L. Joseph
Required Signature of Incorporator

12-28-18
Date

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