

N19 00000 1356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

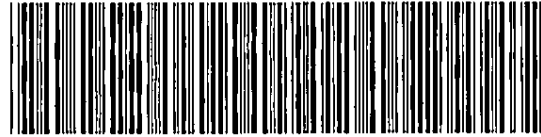
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600324568936

02/08/19--01005--015 **87.50

FILED
19 FEB - 8 PM 2:43
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

COVER LETTER

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

SUBJECT: VISIONARY GENERATION CENTER
(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: Willmes JACKSON
Name (Printed or typed)

4434 GEARHART RD APT 801
Address

TALLAHASSEE, FL 32303
City, State & Zip

850 483-9378
Daytime Telephone number

Willmes153@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: VISIONARY GENERATION CENTER INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1729 S. MARTIN L KING
JR BIVD TALLAHASSEE,
FL 32301

Mailing address, if different is:

4434 GEARHART RD.
APT 801 TALLAHASSEE,
FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: church

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: N/A

By Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

PRESIDENT

VICE PRESIDENT

Name and Title: WILINCS JACKSON Pastor Name and Title: PAULA JACKSON First Lady

Address: 4434 GEARHART RD Address: 4434 GEARHART RD

APT 801

APT 801

TALLAHASSEE, FL 32303

TALLAHASSEE, FL 32303

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

2019 FEB - 8 PM 2:32
TALLAHASSEE, FL 32303

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: WILKINS JACKSON
Address: 4434 GEARHART RD APT 801
TALLAHASSEE, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Wilkes Jackson
Address: 4434 GEARHART RD APT 801
TALLAHASSEE, FL 32303

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

Wilkes Jackson
Required Signature of Registered Agent

1/02/19
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.

Wilkes Jackson
Required Signature of Incorporator

1/08/19
Date