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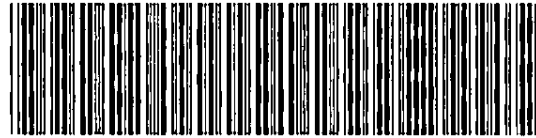
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TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** STUART EVANGELICAL CHURCH OF THE NAZARENE, 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: Shannon Stahlin  
Name (Printed or typed)

315 W Huron St Ste 240  
Address

Ann Arbor, MI 48103  
City, State & Zip

(877) 281-6496  
Daytime Telephone number

documents@directincorp.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: STUART EVANGELICAL CHURCH OF THE NAZARENE, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address:

3110 SE ASTER LANE

STUART, FL 34994

Mailing address, if different is:

3493 SE JAKE CT APT 107

STUART, FL 34994

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To spread the Gospel of Jesus Christ, promote holiness and worship God  
among its members and attendants.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: \_\_\_\_\_

Is set out in the Bylaws

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Renet Permis, Director

Address: 3493 SE JAKE CT APT 107

STUART, FL 34994

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

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

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

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: Renet Permis

Address: 3493 SE JAKE CT APT 107

STUART, FL 34994

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Renet Permis

Address: 3493 SE JAKE CT APT 107

STUART, FL 34994

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**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*

Renet Permis  
Required Signature of Registered Agent

01/25/2019

Date

*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.*

Renet Permis  
Required Signature of Incorporator

01/25/2019

Date