

N19000004535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

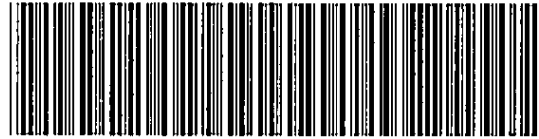
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COVER LETTER

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

SUBJECT: Greeks for Jesus, Corp
(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: Edward Nix
Name (Printed or typed)
5702 Parkview Lake Dr.
Address
Orlando, FL 32821
City, State & Zip
954-536-6903
Daytime Telephone number
tednix28@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Graks for Jesus Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5702 Parkview Lake Dr.
Orlando, FL 32821

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: church based evangelism ministry
for the people of Greece

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Bill Gentry</u>	Name and Title:	
Address:	<u>201 Whippoorwill Dr.</u>	Address:	
	<u>Altamonte Springs, FL</u>		
	<u>32701</u>		
Name and Title:	<u>Fred Burt</u>	Name and Title:	
Address:	<u>852 Grand Agency</u>	Address:	
	<u>Pink Unit 110</u>		
	<u>Altamonte Springs, FL 32714</u>		
Name and Title:	<u>Marcos Perez</u>	Name and Title:	
Address:	<u>518 Grand Agency Ct</u>	Address:	
	<u>Orlando, FL 32835</u>		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Edward Nix
 Address: 5702 Parkview Lake Dr.
Orlando, FL 32821

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Edward Nix
 Address: 5702 Parkview Lake Dr.
Orlando, FL 32821

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.

 Required Signature of Registered Agent
 _____ 3-14-19
 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 third degree felony as provided for in s.817.155, F.S.

 Required Signature of Incorporator
 _____ 3-14-19
 Date

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 19 APR 29 AM 10:38
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA