

# N19000007022

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

\_\_\_\_\_  
(Business Entity Name)

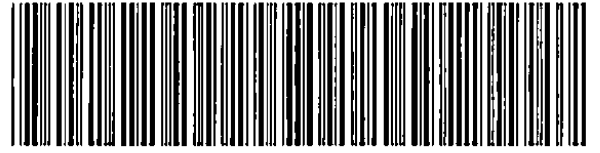
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19 JUL 11 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2019 JUL 11 PM 3:01

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

SUBJECT: St. Phillip Episcopal Methodist Church  
(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: Otis Lee Dixon, III  
Name (Printed or typed)

710 Carver Street  
Address

Tall. Fl. 32310  
City, State & Zip

(850) 727-6778  
Daytime Telephone number

adr.i.at.green@yahoo.com  
E-mail address: (to be used for future annual report notification)

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

ARTICLE I NAME

The name of the corporation shall be: St. Phillip Episcopal Methodist Church Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2328 St. marks St.  
Tall. Fl. 32310

Mailing address, if different is:

710 Carver Street  
Tall. Fl. 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Church Affiliation- Non-Prof

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: vote

by members of St. Phillip Em Church

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Otis Lee Dixon Jr.

Address: Trustee  
901 Carver St.  
Tall. Fl. 32310

Name and Title: Elsie Dixon

Address: Clerk  
901 Carver St.  
Tall. Fl. 32310

Name and Title: Adria Dixon

Address: Secretary  
710 Carver St.  
Tall. Fl. 32310

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

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

Name and Title: Otis Lee Dixon III

Address: Treasurer  
710 Carver St.  
Tall. Fl. 32310

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

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

FILED  
2019 JUL 11 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Otis Lee Dixon, III  
 Address: 710 Carver St.  
Tall. Fl. 32310

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Otis Lee Dixon, Jr.  
 Address: 901 Carver St.  
Tall. Fl. 32310

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 the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Otis Lee Dixon III  
 Required Signature of Registered Agent

7-11-19  
 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.*

Otis Dixon Jr  
 Required Signature of Incorporator

7-11-19  
 Date