

N19000007022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

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(Business Entity Name)

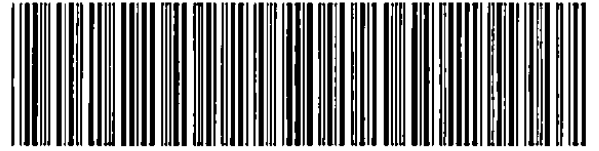
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19 JUL 11 PM 2:54

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

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.atgreen@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 NAMEThe name of the corporation shall be: St. Phillip Episcopal Methodist Church IncARTICLE II PRINCIPAL OFFICEPrincipal street address:2328 St. Marks St.
Tall. Fl. 32310

Mailing address, if different is:

710 Carver Street
Tall. Fl. 32310ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Church Affiliation- Non-ProfitARTICLE IV MANNER OF ELECTIONThe manner in which the directors are elected and appointed: voted
by members of St. Phillip Em ChurchARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Otis Lee Dixon Jr.

Address:

Trustee
901 Carver St.
Tall. Fl. 32310Name and Title: Elsie Dixon

Address:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 JUL 11 PM 3:01

FILED

Name and Title: _____ Address: _____

Name and Title: _____ Address: _____

Address _____ 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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2019 JUL 11 PM 3:01
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 7-11-19
Required Signature of Registered Agent 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 7-11-19
Required Signature of Incorporator Date