

N19000007434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

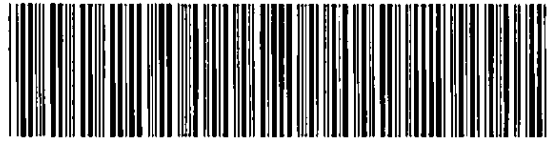
(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 22 2019



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COVER LETTER

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

19 JUL 22 PM 2: 25

SUBJECT: Friends of Elim, 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: Vanessa Byrd
Name (Printed or typed)

2155 Delta Blvd Ste 210 B
Address

Tallahassee, FL 32303
City, State & Zip

850 559 6069
Daytime Telephone number

vanessa@halisiafrica.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: Friends of Elim, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2155 Delta Blvd
Ste 210-B
Tallahassee, FL 32303

Mailing address, if different is:

1875 Centerville Rd
Tallahassee, FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To provide support for education in
East Africa.

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

as authorized in bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dir Vanessa Byrd Name and Title: _____

Address 2155 Delta Blvd Address: _____

Ste 210-B
Tallahassee, FL 32303

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Vanessa Byrd

Address: 2155 Delta Blvd Ste. 210-B
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vanessa Byrd

Address: 2155 Delta Blvd Ste. 210-B
Tallahassee, FL 32303

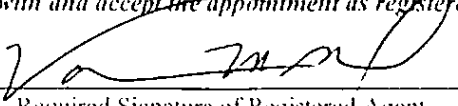
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7/18/19. (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.)

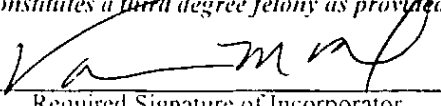
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

7/22/19
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.


Required Signature of Incorporator

7/22/19
Date

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