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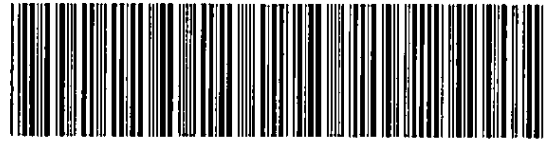
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## COVER LETTER

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

SUBJECT: Renaissance Baptist Church

*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: Renaissance Baptist Church

*INC*

Name (Printed or typed)

7056 Badcock Rd

Address

Fort Myers FL, 33967

City, State & Zip

239-745-8319

Daytime Telephone number

velson63@yahoo.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: Renaissance Baptist Church I.N.C.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

7056 Babcock Rd

Mailing address, if different is:

Fort Myers Florida 33967

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The chure is organized to worship God, study His word, pray, love one another, help each other, partake of Baptisim and the Lord's supper. Also preach and teach the truth the Gospel of Jesus Christ. To organize and evangelize under section 501 (c) (3) of the Internal Revenue Code or the corresponding section of an

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Election by 60% vote

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	Nicles Emile, President	Name and Title:	
Address	7056 Babcock Rd	Address:	
	Fort Myers Fl, 33967		

Name and Title:	Eunigue Pastor	Name and Title:	
Address	Vice president	Address:	
	1944 Sullivan Ave		
	Fort Myers FL 33901		

Name and Title:		Name and Title:	
Address		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: Vania N. Emile

Address: 7056 Babcock Rd Fort. Myers  
FL 33967.

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Vickie Emile

Address: 7056 Babcock Rd  
Fort- Myers FL 33967

**ARTICLE VIII EFFECTIVE DATE:** 5/13/2019

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*

Vania Emile

Required Signature of Registered Agent

6-03-19

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.*

Vickie Emile

Required Signature of Incorporator

6-03-19

Date