

NI9000009430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

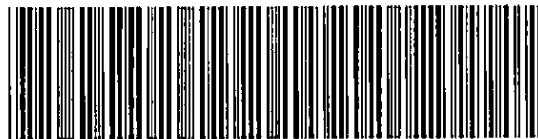
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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DUE TO RETURNED CHECK

300334136153
09/10/19--01007--006 **70.00

19 SEP 10 11:18

19 SEP 10 11:18

COVER LETTER

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

SUBJECT: _____
(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

19 SEP 18 04:11:46

FROM: INTERNATIONAL PRAYER CENTER + GRACE
Name (Printed or typed)

213 South Blair Ave
Address

PERRY FL 32347
City, State & Zip

850-295-9837
Daytime Telephone number

JEARY JOHNSON 3132@gmail.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:

INTERNATIONAL PRAYER CENTER ^{+grace}
_{corporation}

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

JERRY JOHNSON

213 SOUTH BLAIR AV

Perry FL 32347

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Church

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

* Election

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JERRY JOHNSON

Name and Title: Chairman

Address: 213 South Blair Av

Address: Same

PERRY FL 32347

Gary Gal

Name and Title: BENNIE MCCRAE

Name and Title: Cc Chairman

Address: 116 JOHANN STREET

Address: Same

PERRY FL 32348

Bennie McCrae

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

19 SEP 10 PM 11:46

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

19 SEP 10 AM 11:46

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:

C. Name: Gerry Johnson
Address: 213 South Blair Ave
Perry, FL 32347

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ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

l Name: Bernie McCreary
Address: 116 Gaxen Street
Perry, FL 32345

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

Gerry Johnson
Required Signature of Registered Agent

9/10/2019
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.

Bernie McCreary
Required Signature of Incorporator

9/10/2019
Date