

N 19 000010357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

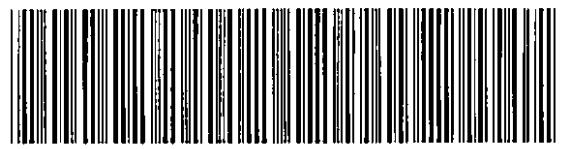
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 OCT - 1 PM 3:26

J. FASON
OCT 01 2019

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2019 OCT - 1 PM 3:34
CLERK OF SUPERIOR COURT
STATE OF ILLINOIS

COVER LETTER

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

SUBJECT: The Meeting Place Deliverance Center
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate
ADDITIONAL COPY REQUIRED	

FROM: Apostle Janet L. Clary
Name (Printed or typed)

2222 St. Marks St
Address

Tallahassee, FL 32310
City, State & Zip

850-590-0957
Daytime Telephone number

JanetClaryMinistries@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: The Meeting Place Deliverance Center

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

2222 St. Marks St
Tallahassee, FL 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO establish Ministry

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

As stated in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Apostle Janet L. Clay President Name and Title: _____

Address: 2222 St. Marks St Address: _____
Tallahassee, FL 32310

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FL 32310

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: Apostle Janet L. Clay
Address: 2222 St. Marks St
Tallahassee, FL 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Apostle Janet L. Clay
Address: 2222 St. Marks St
Tallahassee, 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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Apostle Janet L. Clay
Required Signature of Registered Agent

Oct. 1, 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.

Apostle Janet L. Clay
Required Signature of Incorporator

Oct 1, 2019
Date