

N/20000004070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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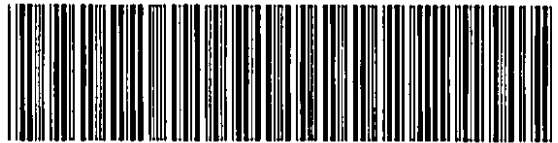
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 APR 02 PM 2:01  
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TALLAHASSEE, FLORIDA

for  
4/16/2020

## COVER LETTER

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

SUBJECT: Ocala Agape Riders, 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: Harry Tinker  
Name (Printed or typed)

2636 NW 27 St  
Address

Ocala, FL 34470  
City, State & Zip

352-355-8371  
Daytime Telephone number

OcalaAgapeRiders@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

2020 APR 02 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Ocala Agape Riders,, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
2636 NE 27th ST, Ocala, Fl. 34470

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to service the community as spiritual counselors and to encourage the brotherhood of Christianity as follows but not limited to include motorcycle rallies, church meetings and revivals.

As a missionary corporation, we will service the many communities of the United States of America. This ministry will be mobile ministry which includes motorcycles, cars and /or other vehicles. This ministry will give spiritual counseling to any and all citizens that will accept counseling. This ministry is to function and support those in need of food and shelter.

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

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

Name and Title:	<u>Harry Tinker, President</u>	Name and Title:	<u>Michelle Mantion, Director</u>
Address	<u>2636 NE 27 St</u>	Address:	<u>4037 NW Blitchton RD</u>
	<u>Ocala, Fl. 34470</u>		<u>Apt. 81B</u>
			<u>Ocala, FL 34475</u>
Name and Title:	<u>John Van Fleet, Director</u>	Name and Title:	
Address	<u>3240 SW 34 St,</u>	Address:	
	<u>Apt 324</u>		
	<u>Ocala, FL. 34473</u>		
Name and Title:	<u>Val Taylor, Director</u>	Name and Title:	
Address	<u>2636 NE 27 St</u>	Address:	
	<u>Ocala, FL 34470</u>		

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 APR 02 PM 2:01

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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: Harry Tinker

Address: 2636 Ne 27 ST  
Ocala, FL 34470

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Harry Tinker

Address: 2636 NE 27 St.  
Ocala, FL 34470

**ARTICLE VIII EFFECTIVE DATE:** 03/31/2020

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 used 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

*Harry Tinker*

Required Signature of Registered Agent

03/30/2020

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.

*Harry Tinker*

Required Signature of Incorporator

03/30/2020

Date

FILED  
2020 APR 02 PM 2:01  
CLERK OF THE COURT  
HALL COUNTY FLORIDA