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2020 MAR 23 PM 2:08

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COVER LETTER

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

SUBJECT: Orlando United Full Gospel Church of God, 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: Judeen Parkes
Name (Printed or typed)

8034 Equitation Ct.
Address

Orlando, Florida 32818
City, State & Zip

407-437-8776
Daytime Telephone number

Rosejp789@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: Orlando United Full Gospel Church of God, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
7176 Blair Dr.

Mailing address, if different is:

Orlando, Florida 32818

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Orlando United Full Gospel Church of God, Inc. is organized exclusively for religious, charitable and educational purposes, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c) (3) of the Internal Revenue Service Code.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rose Taylor President Name and Title: _____

Address 7176 Blair Dr. Address: _____

Orlando, Florida 32818

Name and Title: Keith Watson, Treasurer Name and Title: _____

Address 6348 Raleigh St. Address: _____

Apt. 1311

Orlando, Florida, 32835

Name and Title: Alma Allan Secretary Name and Title: _____

Address 4795 N. Pine Hills Rd. Address: _____

Apt. 104

Orlando, Florida 32808

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:

Judeen Parkes

Address:

8034 EQUITATION CT
Orl FL 32818

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Judeen Parkes

Address:

8034 Equitation Ct
Orlando FL 32818

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

JRParkes

Required Signature of Registered Agent

04/10/2020

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.

JRParkes

Required Signature of Incorporator

04/10/2020

Date

2020 MAR 23 PM 2:08
FILED MAR 23 2020
TALLAHASSEE, FL