

N200000 007317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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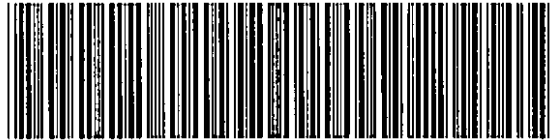
(Business Entity Name)

(Document Number)

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2020 JUN 24 PM 3:53
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: The Gospel Unchained, 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: Melissa Withers

Name (Printed or typed)

505 Candyrot Court

Address

St Johns, FL 32259

City, State & Zip

904-657-6697

Daytime Telephone number

melissalarey@gmail.com

E-mail address: (to be used for future annual report notification)

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

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STATE
TALLAHASSEE, FL

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

ARTICLE I NAME

The name of the corporation shall be: The Gospel Unchained, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

505 Candyroot Ct

St Johns, FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: exclusively for charitable, religious, educational, and scientific 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 Code, or the corresponding section of any future federal tax code.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John F. Withers, JR, President

Name and Title: _____

Address: 505 Candyroot Ct.

Address: _____

St. Johns, FL 32259

Name and Title: Dr. Melissa L. Withers, Director, Secretary

Name and Title: _____

Address: 505 Candyroot Ct.

Address: _____

St. Johns, DL 32259

Name and Title: Aaron B. Yarnell, Director, Treasurer

Name and Title: _____

Address: 737 Harpeth Parkway West

Address: _____

Nashville, TN 37221

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CLERK: SEE FL

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: Dr. Melissa Withers
 Address: 505 Candyroot Ct.
 St. Johns, FL 32259

ARTICLE VII INCORPORATOR

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

Name: Dr. Melissa Withers
 Address: 505 Candyroot Ct.
 St. Johns, FL 32259

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 DEPARTMENT OF STATE
 TALLAHASSEE, FL
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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/19/2020 (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

 Melissa Withers 06/19/2020
 Required Signature of Registered Agent 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.

 Melissa Withers 06/19/2020
 Required Signature of Incorporator Date