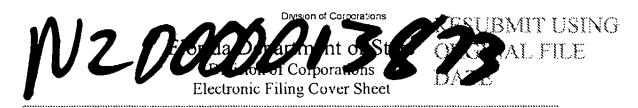
12/14/2020



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000426616 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

<del>samballan kan manaman dalah sa bada kalban dalah kan kalban dalah sa bada kalban dalah kan mahaban kalban ka</del>

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 : (850)558-1515 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	
Email Address:	

## FLORIDA PROFIT/NON PROFIT CORPORATION KOVE FELLOWSHIP CHURCH INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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December 15, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: KOVE FELLOWSEIP CHURCH INC

REF: W20000142734

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jalesa S Dennis Regulatory Specialist II New Filing Section FAX Aud. #: H20000426616 Letter Number: 020A00025353

## **COVER LETTER**

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

	(PROPOSED CORP	ORATE NAME - <u>MUST IN</u>	CLUDE SUFFIX)
losed is an original and	d one (1) copy of the Ar	ticles 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 Fcc, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM: _	Na	me (Printed or typed)	_
		mo (a minou or typou)	
		Address	-
-	City, State & Zip		
	Daytime Telephone number		

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 The name of the c	NAME Corporation shall be: KOVE FELLOV	WSHIP CHURCH INC			
ARTICLE II	PRINCIPAL OFFICE				
205 M	Principal <u>street</u> øddress: Badowlark Dr		Maiting address, if different	is:	
Osteer	n, FL 32764				••••
,,					
ARTICLE III The purpose for	PURPOSE which the corporation is organized in	Church services and	1 bible studies		
, .					12
				٠.	
				•	— <u>:</u>
				,	
ARTICLE V	INITIAL OFFICERS AND/OR DI				
Name and Title	Shirley M Ailes/ Director	Name and Title:	Shirley A Fruth/ Director		
Address	222 Mandaydark Dr	Address:	205 Meadowlark Dr		
Address	Osteen, FL 32764	na i qui que que de la	Osteen, Ft. 32764		
Name and Title	Richard Rimes/ Director	Name and Title			
Address	112 Kove BLVD	Address:			
Augress	Osteen, FL 32764				
Name and Title	Linda T Rapp/ Director	Name and Title			
	717 Whippoorwill Lane	Address:			
	Osteon FL 32764				

Name and Title:	Name an	od Title:	
Address	Address		
Name and Tide:	Name an	sá Tide:	
	Address		
	700453		
ARTICLE VI The name and FI	REGISTERED AGENT wida street uddress (P.O. Box NOT acceptable) of 6	he registered agam is:	
Name:	Corporation Service Company		<b>›</b>
Address:	1202 Hays Street	· · · · · · · · · · · · · · · · · · ·	<b>ク</b> ご
	Tallahassee, FL 32301	T.,	(7 -5)
	INCORPORATOR dress of the Incorporator is: Shirley A Fruth	·	÷
Address:	205 Meadowlark Dr		
cumingo.	Ostoen, FL 32764		
Effective date, if of the first of the same of the sam			**
reengisine, sam ja	miliar with and accept the appointment as registered	for the above stated corporation at the place designal agent and agree to act in this capacity	ited in this
T. Lugget	Elizabeth Kitchen, Assista	ant Secretary 12/14/2020	_
an e	Required Signature of Registered Agent	Date	
submit this docu ite Department of	nent and affirm that the facts stated herein are true, . State constitutes a third degree felony as provided for	I am aware that any false information submitted in a de ir in s.817.155, F.S.	ocument to
	Required Signature of Incorporator	11nt.	