

N21 000000959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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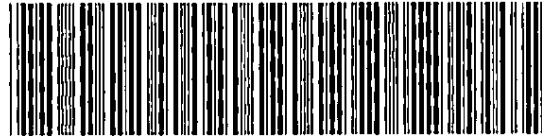
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA

COVER LETTER

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

SUBJECT: Heaven Gate Christian Methodist Episcopal 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: Heaven Gate Christian Methodist Episcopal Church
Name (Printed or typed)

1600 South Monroe St
Address

Tallahassee FL 32304
City, State & Zip

850.559-3595
Daytime Telephone number

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

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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

name of the corporation shall be: Heaven Gate Christian Methodist Episcopal church
Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Obie Howard
504 East James Street
Tampa FL

Mailing address, if different is:

504 East James Street
Tampa FL
360603

ARTICLE III PURPOSE

the purpose for which the corporation is organized is: To serve the community
with praise & worship teach a standard
and quality of living biblical teaching

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ~~Obie~~ Linda Pratt Howard

Address:

~~2616~~
P.O. Box 2016
Tallah, FL 32316

Name and Title: Pastor President Director

Address:

Name and Title: Obie Howard

Address:

504 E. James St
Tampa FL 33603

Name and Title: Elder & Presider

Address:

Name and Title: Servaine Henderson

Address:

2356 Heaven Brook Ct
Tampa FL 32303

Name and Title: President

Address:

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Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Linda Provitt Howard

Address: 2616 1600 S. Monroe St
TALLA FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Linda PROVITT

Address: P.O. Box 2016

TALLA, FL 32316

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 2/6/2021 (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

Linda Provitt Howard

Required Signature of Registered Agent

2/7/2021
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.

Linda Provitt Howard

Required Signature of Incorporator

2/7/2021
Date