

N21000007458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

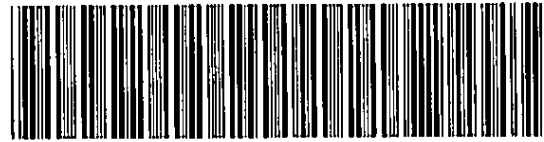
(Document Number)

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2021 MAY 14 PM 3:21

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COVER LETTER

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

SUBJECT: Church of Christ - (Non-Profit) Corp.
(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: JOSEPH RAMOS
Name (Printed or typed)

7486 WESTERN Circle Dr.
Address

BROOKSVILLE, FL. 34613
City, State & Zip

352-515-0741
Daytime Telephone number

Ramos JOSEPH6009@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

2021 MAY 14 PM 3:21

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

ARTICLE I NAME

The name of the corporation shall be:

Church of Christ - (Non-Profit) Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7486 Western Circle Dr.

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Christian ASSEMBLY + EVANGELISM
Helping Blind, poor, sick, covid + All in need.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

TESTED,
Approved, Assigned, guided and Assisted.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Joseph Ramos →

Name and Title:

Director - President

Address

7486 Western Circle Dr

Address:

Brooksville, FL 34613

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2021 MAY 14 PM 3:21

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: JOSEPH RAMOS
Address: 7486 Western Circle Dr.
Brooksville, FL 34613

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSEPH RAMOS
Address: 7486 Western Circle Dr.
Brooksville, FL 34613

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3/25/2021 (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

Joseph Ramos
Required Signature of Registered Agent

3/25/2021
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.

Joseph Ramos
Required Signature of Incorporator

3/25/2021
Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2021

JOSEPH RAMOS
7486 WESTERN CIRCLE DR
BROOKSVILLE, FL 34613

SUBJECT: CHURCH OF CHRIST
Ref. Number: W21000062605

2021 MAY 14 PM 11:59

We have received your document for CHURCH OF CHRIST and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Please return 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.

James G Harris
Regulatory Specialist II

Letter Number: 021A00009547

2021 MAY 14 PM 3:12