

N21000008242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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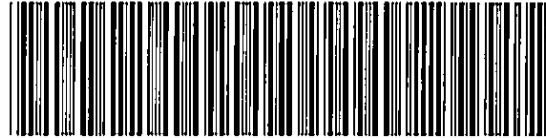
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 JUL -8 PM 5:09

SECRETARY OF STATE  
TALLAHASSEE, FL

07/09/21--01004--001 \*70.00

2021 JUL -8 PM 2:04

## COVER LETTER

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

SUBJECT: Piney Grove Baptist Church  
(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: Luther J. Lewis (Jack)  
Name (Printed or typed)

2691 Oak Ridge Rd. W.  
Address

Tallahassee, FL 32305  
City, State & Zip

(850) 518-4579  
Daytime Telephone number

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: PINEY GROVE BAPTIST Church INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

138 ZION Hill Rd.      2691 Oak Ridge Rd. W.  
Crawfordville, Fl. 32327      Tallahassee, Fl. 32305

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: For Religious purpose's, As in  
Church Assemblies, For worship, Ministering the Gospel  
To provide service's through Preaching, Teaching the  
Bible, (Scripture's). Singing and worship in the Church  
Assembly

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Luther J. Lewis (Jack) <sup>PASTOR</sup> Name and Title: \_\_\_\_\_

Address: 2657 Oak Ridge Rd W. Address: \_\_\_\_\_  
Tallahassee, Fl., 32305

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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2021 JUL -8 PM 5:09  
SECRETARY OF STATE  
TALLAHASSEE, 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: Luther J. Lewis (Jack)

Address: 2657 Oak Ridge Rd. W.

Tallahassee, FL 32305

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Luther J. Lewis (Jack)

Address: 2691 Oak Ridge Rd. W.

Tallahassee, FL 32305

**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*

Luther J. Lewis (Jack)  
Required Signature of Registered Agent

7/8/21  
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.*

Luther J. Lewis (Jack)  
Required Signature of Incorporator

7/8/21  
Date