

N21000009300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

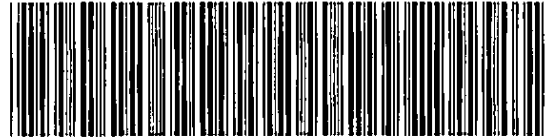
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/02/21--01010--003 **78.75

8/4/21
[Signature]

FILED
2011 8:23

COVER LETTER

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

SUBJECT: Archer Sabbath Mission, 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: Harvey Long

Name (Printed or typed)

808 NW 154th St

Address

Newberry, FL 32669

City, State & Zip

3522267155

Daytime Telephone number

archersabbathmission@gmail.com

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

FILED
MAR 13 2 11 PM '04
TALLAHASSEE, FL

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

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: Harvey Long
Address: 1808 NW 154th St
Newberry, FL 32669

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Harvey Long
Address: 1808 NW 154th St
Newberry, FL 32669

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7/21/2021, (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

[Signature]
Required Signature of Registered Agent

07/28/2021
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.

[Signature]
Required Signature of Incorporator

07/28/2021
Date

FILED
2021 JUL -2 PM 3:29
TALLAHASSEE, FL