

N21000012517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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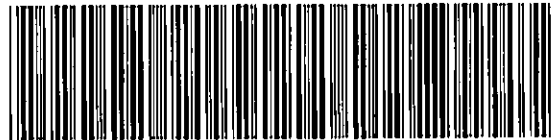
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: _____
The Faith Place Church, 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: _____
Michele Pemberton
Name (Printed or typed)

4801 S. University Drive, Suite 219

Address

Davie, FL 33328

City, State & Zip

954-261-9700

Daytime Telephone number

m_pember@absoluteaccountingcpa.com

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: The Faith Place Church, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4801 S. University Dr., Suite 219

Davie, FL 33328

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: exclusively for charitable, religious, educational, and scientific purposes,

including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under

section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Upon dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of

section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to

the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed...

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As provided for

in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clyde Bailey, PhD - President

Address: 4801 S University Dr., Suite 219

Davie, FL 33328

Name and Title: G. Patricia Bailey - Vice President

Address: 4801 S University Dr., Suite 219

Davie, FL 33328

Name and Title: Michelle Warden - Director

Address: 4801 S University Dr., Suite 219

Davie, FL 33328

Name and Title: Joseph Cotterell - Director

Address: 4801 S University Dr., Suite 219

Davie, FL 33328

Name and Title: Norman Hemming - Director

Address: 4801 S University Dr., Suite 219

Davie, FL 33328

Name and Title: _____

Address: _____

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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: Absolute Accounting and Business Solutions

Address: 4801 S. University Dr., Suite # 219

Davie, FL 33328

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Michele Pemberton

Address: 4801 S. University Dr., Suite # 219

Davie, FL 33328

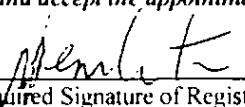
ARTICLE VIII EFFECTIVE DATE:

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

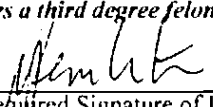


Required Signature of Registered Agent

10/14/2021

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.



Required Signature of Incorporator

10/14/2021

Date

ARTICLE III – PURPOSE

Continued

..... of by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively of such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

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