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COVER LETTER

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

SUBJECT: KINGDOM NATION 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: KINGDOM NATION CHURCH INC

Name (Printed or typed)

221 S. BOYD ST

Address

WINTER GARDEN, FL 34787

City, State & Zip

407-832-2061

Daytime Telephone number

EMAILALDERMAN@GMAIL.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: Kingdom Nation Church Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
221 S Boyd St

Winter Garden, FL 34787

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of this church is to minister to the needs of the community,
evangelize, teach and minister the gospel to the world. We will also do fundraising as a method of support for our ministry.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Braland, President

Address: 221 S. Boyd St

Winter Garden, FL 34787

Name and Title: _____

Address: _____

Name and Title: Judy Braland, Vice President

Address: 221 S. Boyd St

Winter Garden, FL 34787

Name and Title: _____

Address: _____

Name and Title: Steve Alderman, Secretary

Address: 442 A Village Ct

Minneola, FL 34715

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: Steve Alderman

Address: 442 A Village Ct

Minneola, FL 34715

ARTICLE VII INCORPORATOR

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

Name: David Braland

Address: 221 S. Boyd St

Winter Garden, FL 34787

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

1-26-22
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

1-26-22
Date