1220000 DE 86

(Req	uestor's Name)			
(Address)				
(Address)				
(City/	/State/Zip/Phone #	¥)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Name	e)		
(Document Number)				
Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				
		!		
		į		

Office Use Only

T. SCOTT

JUL 1 1 2022



500390793275

07/11.3 % 61 x 3 x (05 x ++78.75

TALL KHASSEE, FLORIDA

RECOUNTY

MINISION OF CONSIGNATION OF CO

ARTICLES OF INCORPORATION

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

ARTICLE I The name of th	e corporation shall be: <u>New Hope</u>	e missionary P	paptist church	Dallahasses L	
<u>ARTICLE II</u>	PRINCIPAL OFFICE	J			
	Principal street address:		Mailing address, if different is:		
130	31 Indiana Street				
<u>Ja</u>	llahassee Harida 32	304			
_	PURPOSE or which the corporation is organized is: tous Physical Service		nèces		
					
ARTICLE V Name and Titl Address	535 Long Pice Dr. Jalla. Ha. 32305	CTORS and the control of the contro	70	1817 July 1817 J	
Name and Titl	e Thelma Lewis 5	Mame and Title:	7 H V		
Address	261 White Oak DI	N. Address:	tu	CCHOCA P M	
	Tallahasse, Fl.	<u>32</u> 365		VIDED OF THE PROPERTY OF THE P	
Name and Titl	e:	Name and Title:	-		
Address					

Name and Title:		Name and Title:	<u></u>
Address		Address:	
· •			
Name and Title:		Name and Title:	
Address		Address:	
 -			
	<u>EGISTERED AGENT</u> da street address (P.O. Box NOT accep	ptable) of the registered agent is:	
Name:	Elizabeth Kilpatrie	.JC:	
Address:	Elizabeth Kilpatrie 535 Long Pice Dr. Jella Den. 32305		
	Jelle Den. 32305		
ARTICLE VII - IN	CORPORATOR		
The name and addr	ess of the Incorporator is:		
Name:	Elizabets Kilpatri	elc)	
Address:	Elizabets Kilpatri 535 Long Pine Or Jales Fla. 32305		
	Jalea Ha. 32305		
Effective date, if oth	FFECTIVE DATE: ner than the date of filing:	(OPTIONAL)	
·	•	nd cannot be more than five days prio	
	serted in this block does not meet the ap e date on the Department of State's reco	pplicable statutory filing requirements, t ords.	his date will not be listed as the
Havina koon nama	d as paristoned arount to account service	of process for the above stated corpora	ation at the place designated in this
certificate, I am fam	iliar with and accept the appointment a	s registered agent and agree to act in thi	is capacity
Eligabeth	Kupatricio Finance Required Signature of Registered	Agent	1/ 11 (32) Date
	ent and affirm that the facts stated herei tate constitutes a third degree felony as	in are true. I am aware that any false info provided for in s.817.155, F.S.	ormation submitted in a document to
Clicabo	Kalpatrick Fron	roncial Soc.	7/11 Jaa