

A 23 000000 170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

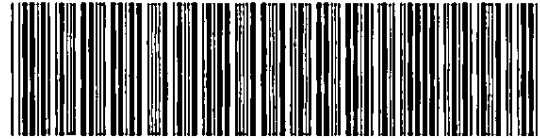
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

T. SCOTT

JAN - 9 2023



800399362008

01 JAN 09 2023 10:10:30

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 JAN - 3 AM 10:30

FILED

COVER LETTER

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

SUBJECT: FLORIDA UNIVERSAL CHRISTIAN KINSHIP, 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: REVERAND H W COFIELD

Name (Printed or typed)

2743-1 ANNISTON RD

Address

JACKSONVILLE, FLORIDA 32246

City, State & Zip

904 571-7106

Daytime Telephone number

HWCPERSONAL@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: FLORIDA UNIVERSAL CHRISTIAN KINSHIP, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2743-1 ANNISTON RD

JACKSONVILLE, FLORIDA 32246

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO FUTHER OUR RELIGIOUS BELIEFS THROUGH ANY APPROPRIATE
MANNER.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: REV H W COFFIELD, P/D/T/S

Address: 2743 ANNISTON RD
JACKSONVILLE, FLORIDA
32246

Name and Title: DANIEL MEYER, D

Address: 1200 TULIP ST
ATLANTIC BEACH, FLORIDA
32233

Name and Title: PATRICK SINGLETARY, D

Address: 14590 LAGOON DRIVE
JACKSONVILLE BEACH, FLORIDA
32250

Name and Title: JEFFERY TYER, D

Address: 2435 FOOTBRIDGE LANE
JACKSONVILLE, FLORIDA
32224

Name and Title: THOMAS MONELL D

Address: 5135 MARTHA ANN DRIVE
JACKSONVILLE, FLORIDA
32208

Name and Title: _____

Address: _____

DIVISION OF CORPORATIONS
JAN 3 2023
AM 10:30

2023 JAN - 3 AM 10:30

FILED

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: REV H W COFFIELD

Address: 2743 ANNISTON RD

JACKSONVILLE, FLORIDA 32246

ARTICLE VII INCORPORATOR

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

Name: REV HW COFFIRLD

Address: 2743 ANNISTON RD

JACKSONVILLE, FLORIDA 32246


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2023 (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

12/26/2022
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

12/26/2022
Date