N23000007825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

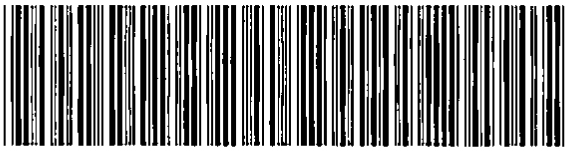
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2023 JUN 30 PM 4:57

COVER LETTER

partment of State
ision of Corporations
O. Box 6327
lahassee, FL 32314

UBJECT: BridgeOver Christian Seminary Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

closed 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: Lissa Stevens
Name (Printed or typed)

3607 N Monroe St
Address

Tallahassee Fl 32303
City, State & Zip

850-445-5351
Daytime Telephone number

bridgeoverseminary@bcbridgeove.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: BridgeOver Christian Seminary inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:

3607 N Monroe St.
Tallahassee Fl. 32303

Mailing address, if different is:

P.O BOX 180841
Tallahassee Fl 32318

ARTICLE III PURPOSE

The purpose for which the corporation is organized is To educate, empower and equip men and women for ordained ministries.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Directors are elected after an election is performed.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Antionio Stevens Director

Address: 4104 Cornish Dr
Tallahassee Fl.

Name and Title: Lacuerar Thompson Director

Address: 2731 Blair Stone Rd
Apt B 14
Tallahassee FL

Name and Title: LaHaley Stevens Director

Address: 3141 ARROWWOOD Ln
Tallahassee Fl. 32305

Name and Title:

Address

Name and Title:

Address

2023 JUL 28 PM 4:58

e and Title: _____ Name and Title: _____

dress _____ Address: _____

_____ _____

_____ _____

e and Title: _____ Name and Title: _____

dress _____ Address: _____

_____ _____

_____ _____

TICLE VI REGISTERED AGENT

name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

me: Lissa Stevens

dress: 3607 N Monroe st

Tallahassee FL 32303

TICLE VII INCORPORATOR

name and address of the Incorporator is:

ame: Lissa Stevens

ddress: 3607 N Monroe st

Tallahassee FL 32303

TICLE VIII EFFECTIVE DATE:

ective date, if other than the date of filing: Aug 1, 2023 (OPTIONAL)

an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.

ving been named as registered agent to accept service of process for the above stated corporation at the place designated in this tificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Lissa

Required Signature of Registered Agent

6/28/23

Date

bmit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Lissa

Required Signature of Incorporator

6/28/23

Date

2023 JUN 28 PM 4:58

TALLAHASSEE, FLORIDA