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(Address)

(Address)

(City/State/Zip/Phone #)

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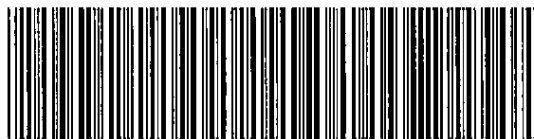
(Business Entity Name)

(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: Lord's Church of the Apostolic Faith *INK*
(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: Terry Miller

Name (Printed or typed)

9205 Miccosukee Rd

Address

Tallahassee, Florida 32309

City, State & Zip

850-363-8926

Daytime Telephone number

terry.miller11@icloud.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: Lord's Church of the Apostolic Faith INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
13485 UIM Rd

Tallahassee, Florida 32309

Mailing address, if different is:

9205 Miccosukee Rd

Tallahassee, Florida 32309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is dedicated to a multifaceted mission aimed at enhancing

the well-being of individuals and families. Our comprehensive improvement services encompass agricultural support, fostering

sustainable practices and ensuring the highest standards of water quality within homes. We are committed to community education

by establishing a community garden that serves as a learning hub, imparting valuable knowledge on the cultivation, harvesting, and

preservation of fruits and vegetables. In addition, we provide vital services through home inspections, conducting thorough checks

to identify and address structural damages caused by unhealthy water conditions, including issues like leaks in the roof and galvanize

pipes. Our overarching goal is to contribute significantly to the improvement of the overall quality of life for individuals and families

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

please add EIN# 85-3306747

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alzo Slade (Chief Financial Officer) D

Address: 3108 Hawks Landing Dr.

Tallahassee, Florida 32309

Name and Title: Donnie Williams (Chief Operating Officer) D

Address: 2322 Mahogany Glen Pl

Lawrenceville, Georgia 30043

Name and Title: Kisha Jarrett (Secretary) D

Address: 2613 Vassar Road

Tallahassee, Florida 32309

Name and Title: Kenneth N. Singleton (Director of Medical Services) D

Address: 4509 Meadow Vista Terrace

Lithonia, Georgia 30038

Name and Title: Terry Miller (Chief Executive Director)

Address: 9205 Miccosukee Rd

Tallahassee, Florida 32309

Name and Title: _____

Address: _____

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: Terry Miller _____

Address: 9205 Miccosukee Rd _____

Tallahassee, Florida 32309 _____

ARTICLE VII INCORPORATOR

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

Name: Terry Miller _____

Address: 9205 Miccosukee Rd _____

Tallahassee, Florida 32309 _____

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

11/25/24
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

11/25/24
Date