

N24600004591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

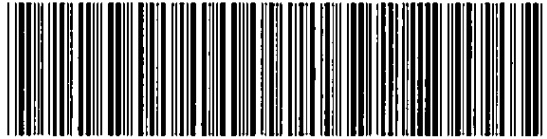
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/16/24--01068--

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2024 APR 16 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2024 APR 16 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: St. Matthew P.B. Church (2) *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: James M. Austin

Name (Printed or typed)

8789 Miles Johnson Road

Address

Tallahassee, FL 32309

City, State & Zip

850-339-0803

Daytime Telephone number

jmaustin789@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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TALLAHASSEE, FL
STATE

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

ARTICLE I NAME

The name of the corporation shall be: St. Matthew P. B. Church (2) Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1417 Barineau Road

Tallahassee, Florida 32304

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Religious Organization

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kelvin Randolph, Pastor

Address: 5664 Doonesbury Way
Tallahassee, FL 32303

Name and Title: Constance Davis, Trustee

Address: 804 Brent Drive
Tallahassee, FL 32305

Name and Title: LaWanda Harley, Trustee

Address: 1480 Aenon Church Road
Tallahassee, FL 32304

Name and Title: Herschell Bradley, Trustee

Address: 3230 Robinson Oak Drive
Tallahassee, FL 32303

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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APR 16 PM 1:00
TALLAHASSEE, FL

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: James M. Austin _____

Address: 8789 Miles Johnson Road _____

Tallahassee, FL 32309 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James M. Austin _____

Address: 8789 Miles Johnson Road _____

Tallahassee, FL 32309 _____

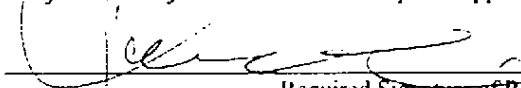
ARTICLE VIII EFFECTIVE DATE:

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

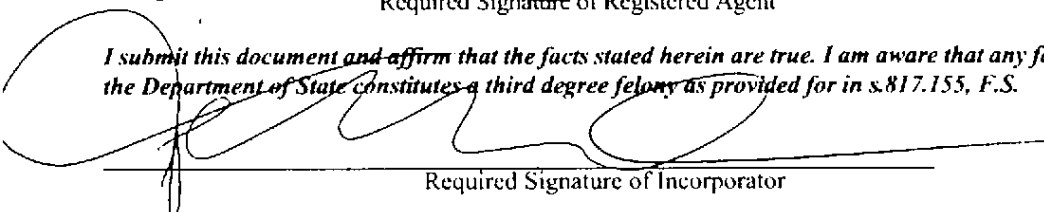


Required Signature of Registered Agent

04/16/24

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

04/16/24

Date

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2024 APR 16 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FL

SEXTON

This agreement is between the individual/company providing Sexton duties for St. Matthew P.B. Church. The duties include, but are not limited to the following:

1. General cleaning of Church before the 1st and 3rd Sunday, to include vacuuming, dusting, of the following:
 - a. Entire sanctuary
 - b. Bathrooms (Men/Women) cleaning of toilets, sinks, sweeping and light mopping of bathroom floors
 - c. Pastor's Office
 - d. Foyer;

In consideration for these services, St. Matthew P.B. Church will pay a total of \$100 per month. If additional services are needed, you will be compensated at the rate of \$50 per occurrence.

All other directives will be given by the Chair of the Mother's Board of St. Matthew P.B. Church.

Dated this _____ of October, 2023.

FILED
2023 APR 16 3PM
SECRETARY OF ST
TALL, MAJOR