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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

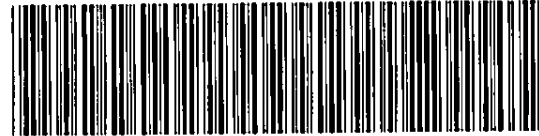
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TALLAHASSEE, FLORIDA

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103

COVER LETTER

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

SUBJECT: Mount Horeb Primitive Baptist Church 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: MT. Horeb Primitive Baptist Church
Name (Printed or typed)

5002 Centerville Road

Address

Tallahassee, FL 32309

City, State & Zip

(850) 893-7085

Daytime Telephone number

MthorebPBC@yahoo.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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DEPARTMENT OF STATE

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

ARTICLE I NAME

The name of the corporation shall be: Mt. Horeb Primitive Baptist Church Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5002 Centerville Rd

Mailing address, if different is:

Tallahassee, FL 32309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to worship, teach, fellowship,
evangelize and serve; and to prepare the way for the
final establishment of the kingdom of God on earth;
to develop Christ-like attributes; and to transform
society so that the world may be a better and more
peaceful place in which we live.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: by nomination
and majority vote as God's presence is observed in ones attitude
and behavior.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Henry Byrd - Deacon Name and Title: Kozen Jefferson - Deacon

Address 4072 Forsythe PK Cir Address: 410 Junco Courts
Tallahassee, FL Apt # 116
32309 Tallahassee, FL 32309

Name and Title: Charles Greene - Deacon Name and Title: Joe Thomas - Deacon

Address 8676 Roberts Blvd Address: 8429 Monte Lane
Tallahassee, FL Tallahassee, FL
32309 32305

Name and Title: Elijah Houston - Deacon Name and Title: Jerome Ford - Pastor

Address 5010 Withers Hill Rd Address: 3260 Olson Rd
Tallahassee, FL Tallahassee, FL 32309
32312

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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: Charles Greene, Sr.
Address: 8676 Roberts Road
Tallahassee, FL 32309

ARTICLE VII INCORPORATOR

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

Name: Charles Greene, Sr.
Address: 8676 Roberts 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

Charles Greene, Sr.
Required Signature of Registered Agent

4/21/24
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.

Charles Greene, Sr.
Required Signature of Incorporator

4/21/24
Date

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