

N24000008988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

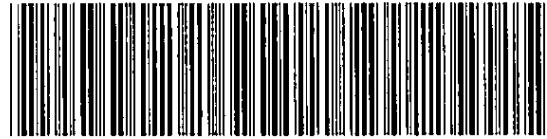
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2024 JUL 31 AM 11:44
SUPERIOR SERVICE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Oak Grove African Methodist Episcopal 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: Beverly Lettinhand

Name (Printed or typed)

7975 Blue Star Memorial HWY

Address

Chattahoochee, FL 32324

City, State & Zip

850-408-7727

Daytime Telephone number

lettinhandb@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: Oak Grove African Methodist Episcopal Church, INC.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address: <u>Oak Grove African Methodist Episcopal Church</u> <u>3510 Atwater Road</u> <u>Chattahoochee, FL 32324</u>	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Non-Profit for Oak Grove African Methodist Episcopal Church
EIN# 99-4150960

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Beverly Lettinhand (D)</u> Address: <u>7975 Blue Star Memorial HWY</u> <u>Chattahoochee, FL 32324</u> _____	Name and Title: _____ Address: _____ _____
Name and Title: <u>Zandriel Williams (D)</u> Address: <u>3184 Atwater Road</u> <u>Chattahoochee, FL 32324</u> _____	Name and Title: _____ Address: _____ _____
Name and Title: <u>Victoria Walker (D)</u> Address: <u>149 Oak Ridge Road</u> <u>Chattahoochee, FL 32324</u> _____	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: Beverly Lettinhand

Address: 7975 Blue Star Memorial HWY

Chattahoochee, FL 32324

ARTICLE VII INCORPORATOR

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

Name: Beverly Lettinhand

Address: 7975 Blue Star Memorial HWY

Chattahoochee, FL 32324

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:

Beverly Lettinhand
Required Signature of Registered Agent

07/24/2024

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.

Beverly Lettinhand

07/24/2024