

N24000010546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

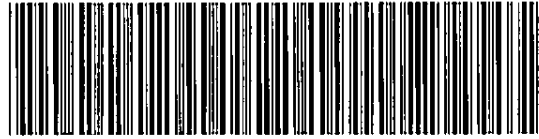
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SECRETARY OF STATE
TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

115

COVER LETTER

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

SUBJECT: The Gathering Place International Ministries, 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: The Gathering Place International Ministries, Inc

Name (Printed or typed)

2635 S Adam St

Address

Tallahassee, FL 32301

City, State & Zip

850-322-5458

Daytime Telephone number

jamesharris791@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
DEPT 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: The Gathering Place International Ministries, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2635 S Adam St

Tallahassee, Fl. 32301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To minister to the community and provide a way of escape for those persons dealing with difficult problems and the challenges of life.

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

will appoint a person to a position

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James A Harris Jr Name and Title: Pastor

Address: 4104 Ballard Rd Address: _____
Tallahassee, Fl 32305

Name and Title: Rashida Snow Name and Title: Secretary

Address: 4104 Ballard Rd Address: _____
Tallahassee, Fl 32305

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FL
CLERK OF DISTRICT COURT
JANIS HARRIS

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 A Harris Jr _____

Address: 4104 Ballard Rd _____

Tallahassee, FL 32305 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James A Harris Jr _____

Address: 4104 Ballard Rd _____

Tallahassee, FL 32305 _____


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 6, 2024 (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.)

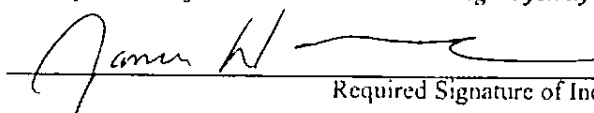
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

9/6/2024
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.

 _____
Required Signature of Incorporator

9/6/2024
Date

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DEPT. OF STATE
TALLAHASSEE, FL

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