N25000006021

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				
W25000039510				

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

M



March 24, 2025

BABALDWIN CHURCH OF CHRIST 729 MOORE ST BALDWIN, FL 32234 US

SUBJECT: BALDWIN CHURCH OF CHRIST

Ref. Number: W25000039510

We have received your document for BALDWIN CHURCH OF CHRIST and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The name of the entity must be identical throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Monique K Anderson Regulatory Specialist II

Letter Number: 925A00006249

2025 MAY -9 AM 4: 50
SECKLIANY OF STATE

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

The name of the corporation shall be:	BAldwin	Church of	CHRIST	CORP.
ARTICLE II PRINCIPAL OFFICE	<u>E</u>			ľ
Principal <u>street</u> addre	<u> </u>			
BAldwin E	1a. 32234			
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ARTICLE III PURPOSE		100-10	OH al	Λ :
The purpose for which the corporation				
I Am The	PHOTOIC			
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	-			·
				
				
THERE ARE				
THERE HIE I	40 MIGELI	D82		
ARTICLE V INITIAL OFFICERS	AND/OR DIRECTORS			
Name and Title:	Nan	ne and Title:		
	Add			
				
Name and Title:	Nam	ae and Title		
Address	Add	iress:		
		<u> </u>	 	
Name and Title:	Nam	ae and Title		
Address		uess:		
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Name and Title:	Name and Title:	- -
Address	Address:	_
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Name and Title:	Name and Title:	_
Address	Address:	
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	<u> </u>	_
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT accep	otable) of the registered agent is:	
Name: KEIVIN Brown		
Address: 6065 Edgefield	DR.	
JACKSONVILLE FLA		
CIT CONTROL OF THE		20
ARTICLE VII INCORPORATOR	LL A	i- i 2025 MAY
The <u>name and address</u> of the Incorporator is:	HAS	- i L
Name: Kelvin Brown) SEE	ф L
Address: 6065 Edge Eield	DR.	₹
JACKSONVILLE FI	ALLAHASSEE, FLORID	£: 2
ARTICLE VIII EFFECTIVE DATE:	75-	
Effective date, if other than the date of filing:	. (OPTIONAL) and cannot be more than five days prior or 90 days after	er the filing.)
Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's reco		be listed as the
Having been named as registered agent to accept service of certificate, I am familiar with and accept the appointment as	s registered agent and agree to act in this capacity	: designated in this
Kelvin Brow	<u> 3/5/20</u>)25
Required Signature of Registered	Agent Date	
I submit this document and affirm that the facts stated herein		ed in a document to
the Department of State constitutes a third degree felony as p		7 ~ <i>^</i> ~
Required Signature of Incorp	$\frac{3/5}{5}$ porator $\frac{3/5}{5}$	2005