

P15000013350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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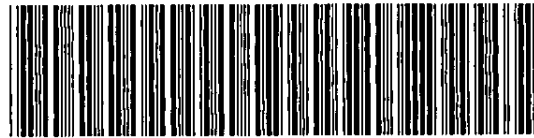
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/10/15--01007--026 **87.50

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

15 FEB 10 AM 9:59

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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED

15 FEB 10 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-10-15 ch

COVER LETTER

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

SUBJECT: UMMAT BROADCASTING CORPORATION INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Bishop Stanley M. Williams
Name (Printed or typed)

c/o The Church 3:20
Address

8601 Youngerman Court, Suite #1
Jacksonville, FL 32244
City, State & Zip

(904) 466-4500
Daytime Telephone number

tv23jax@yahoo.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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: UMMAT BROADCASTING CORPORATION INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

24 N Market Street

Suite 402

Jacksonville, Fl 32202

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To publish, broadcast, teach, and spread the gospel
of Jesus Christ through print, radio, television, internet and social media.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bishop Stanley M. Williams, President Name and Title: Anthony Gomes, Vice-President

Address	<u>c/o The Church 3:20</u>	Address:	<u>24 N Market Street</u>
	<u>8601 Youngerman Court, Suite #1</u>		<u>Suite 402</u>
	<u>Jacksonville, Florida 32244</u>		<u>Jacksonville, Florida 32202</u>

Name and Title: Bishop Wiley Jackson, Treasurer Name and Title: _____

Address	<u>c/o The Church 320</u>	Address:	_____
	<u>8601 Youngerman Court, Suite #1</u>		_____
	<u>Jacksonville, Florida 32244</u>		_____

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:

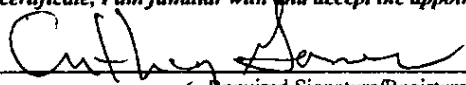
Name: Anthony Gomes
Address: 24 N Market Street, Suite 402
Jacksonville, Florida 32202

ARTICLE VII INCORPORATOR

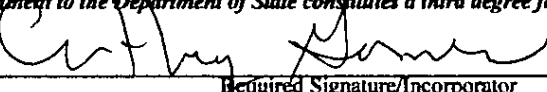
The name and address of the Incorporator is:

Name: Anthony Gomes
Address: 24 N Market Street, Suite 402
Jacksonville, Florida 32202

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

 02/10/2015
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

 02/10/2015
Required Signature/Incorporator Date

EIN: 59-3615057