

P15 000063668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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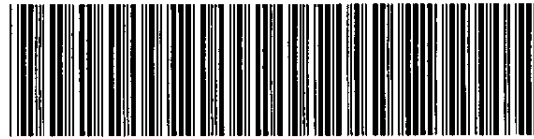
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/24/15--01008--010 **87.50

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUL 24 PM 12:31

7/29/15

COVER LETTER

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

SUBJECT: Our Church Home 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: Tracy L. Church

Name (Printed or typed)

59 Baytree Lane

Address

Boynton Beach Florida 33436

City, State & Zip

561-777-4236

Daytime Telephone number

tracychurch@ymail.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: Our Church Home Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

59 Baytree Lane

Boynton Beach Fl. 33436

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

This corporation may engage in or transact any and all lawful activities or business permitted under the laws of the

United States, the State of Florida, or any other state, county, territory or nation.

ARTICLE IV SHARES

The number of shares of stock is: _____

1 per customer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUL 24 PM 12:31

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tracy L. Church (President)

Address 59 Baytree Lane

Boynton Beach Fl. 33436

Name and Title: Yvonne O. Church (Secretary)

Address: 59 Baytree Lane

Boynton Beach Fl. 33436

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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: Tracy L. Church _____

Address: 59 Baytree Lane _____

Boynton Beach Fl. 33436 _____

ARTICLE VII INCORPORATOR

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

Name: Tracy L. Church _____

Address: 59 Baytree Lane _____

Boynton Beach Fl. 33436 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: July 20 2015 _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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/Registered Agent

7/20/2015

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.



Required Signature/Incorporator

7/20/2015

Date

FLORIDA SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT
F.S. 695.25

State of Florida

County of Palm Beach }

The foregoing instrument was acknowledged
before me this 20th day
Date

of July, 2015,
Month Year

by Tracy Church,
Name of Person Acknowledging

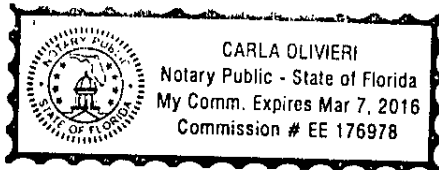
who is personally known to me or who
has produced FL DL

Type of Identification

as identification.

Carla Olivieri
Signature of Notary Public

Carla Olivieri
Name of Notary Typed, Printed or Stamped



Place Notary Seal Stamp Above

Notary Public — State of Florida

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document
or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Articles Of Incorporation Application

Document Date: 07/20/2015 Number of Pages: 5

Signer(s) Other Than Named Above: _____