

P17000028264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

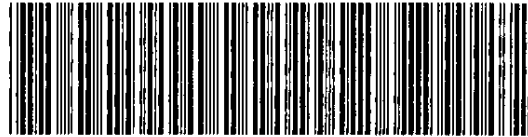
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Special Instructions to Filing Officer:

(Letter filed with doc. Same people)
On 3-28-17

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2017 MAR 28 PM 5:00
CLERK OF STATE
MASSACHUSETTS

3/29/17
70

COVER LETTER

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

SUBJECT: ALL 4 JESUS 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ROBERT J SCHMIDT
Name (Printed or typed)

5113 SHARON TERRACE
Address

JACKSONVILLE FL 32207
City, State & Zip

904-226-0997
Daytime Telephone number

YPAYMOREHOMESERVICES@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: ALL 4 JESUS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5113 SHARON TERRACE

JACKSONVILLE FL 32207

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CHRISTIAN MUSIC

ARTICLE IV SHARES

The number of shares of stock is: AS PROVIDED IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERT J SCHMIDT, PRES

Name and Title: _____

Address 5113 SHARON TERRACE

Address: _____

JACKSONVILLE FL 32207

Name and Title: MARY J SCHMIDT, T/S

Name and Title: _____

Address 5113 SHARON TERRACE

Address: _____

JACKSONVILLE FL 32207

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2017 MAR 28 PM 5:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

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: ROBERT J SCHMIDT _____

Address: 5113 SHARON TERRACE _____

JACKSONVILLE FL 32207 _____

ARTICLE VII INCORPORATOR

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

Name: ROBERT J SCHMIDT _____

Address: 5113 SHARON TERRACE _____

JACKSONVILLE FL 32207 _____


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/24/2017 _____ (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/Registered Agent

03/24/2017

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

03/24/2017

Date