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2022 MAR -8 PM 3:25
CLERK OF COURT
STATE
FLORIDA

COVER LETTER

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

SUBJECT: ALLEGHENY CHRISTIAN MINISTRIES 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 type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: TIMOTHY VERNON MOCK
Name (Printed or typed)

905 BARRIE AVENUE
Address

TALLAHASSEE FL 32303
City, State & Zip

850-929-4088
Daytime Telephone number

G1977SF@OUTLOOK.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: ALLEGHENY CHRISTIAN MINISTRIES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

905 BARRIE AVENUE
TALLAHASSEE FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HEALTH CARE PROVIDER,
HEALTH CARE TRANSPORTATION AND PERSONAL CARE
SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 2

FILED
2002 JUN -8 AM 9:32
TALLAHASSEE, FL

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TIMOTHY MOLL Name and Title: DIRECTOR

Address: 905 BARRIE Address: _____
AVENUE TALLAHASSEE _____
FL 32303 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: TIMOTHY VERNON MOCK
Address: 905 BARRIE AVENUE
TALLAHASSEE FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TIMOTHY VERNON MOCK
Address: 905 BARRIE AVENUE
TALLAHASSEE FL 32303

ED
2022-08-08 AM 9:32
DEPT OF STATE
TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/08/2022 (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

Tim mock 03/08/2022
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.

Tim mock 03/08/2022
Required Signature/Incorporator Date