

NI 5000003093

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

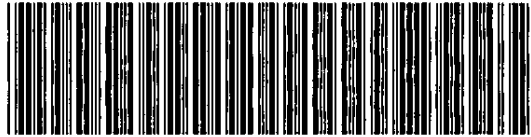
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800270938658

03/24/15--01028--005 \*\*87.50

15 MAR 24 PM 1:48  
STATE  
ALLAHASSER, FLORIDA

MD 3/26

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

**SUBJECT:** I Am Connections Church, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: Sirah T Sullivan  
Name (Printed or typed)

1600 Sunnybrook Lane, Apt F110  
Address

Palm Bay, FL 32905  
City, State & Zip

(321) 506-4291  
Daytime Telephone number

pastorthomassullivan@gmail.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 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: I Am Connections Church, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1600 Sunnybrook Lane  
Apt F110  
Palm Bay, Fl 32905

Mailing address, if different is:  
808 Happiness Ave SW  
Palm Bay, Fl 32909

15 MAR 24 PM 1:48  
FILED  
CLERK OF DISTRICT COURT  
PALM BAY, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: church ministry to promote Christianity throughout the world

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

elected at annual business meeting

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Sirah T. Sullivan, President/Director  
Address: 1600 Sunnybrook Lane NE  
Apt F110  
Palm Bay, Fl 32905

Name and Title: Lois L. Sims, Director  
Address: 1240 Cambo Ct NE  
Palm Bay, Fl 32905

Name and Title: Laura L. McQuillen, Treasurer  
Address: 808 Happiness Ave SW  
Palm Bay, Fl 32909

Name and Title: Luke W. McQuillen, Director  
Address: 808 Happiness Ave SW  
Palm Bay, Fl 32909

Name and Title: Tamera L. Beesley, Secretary  
Address: 2131 Granville Ave NE  
Palm Bay, Fl 32905

Name and Title: Doug K. Beesley, Director  
Address: 2131 Granville Ave NE  
Palm Bay, Fl 32905

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: Luke W. McQuillen  
Address: 808 Happiness Ave SW  
Palm Bay, Fl 32909

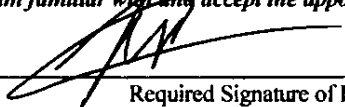
STATE OF FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
15 MAR 24 PM 1:48

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sirah T Sullivan  
Address: 1600 Sunnybrook Lane NE Apt F110  
Palm Bay, Fl 32905

*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 of Registered Agent

21 MAR 15  
Date

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

3/21/15  
Date