



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/25/2005	200505501914	DOMESTIC ARTICLES/CHURCH (ARC)	125.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

NEW ZION PENTECOSTAL CHURCH
PO BOX 8046
AKRON, OH 44320-8046

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, J. Kenneth Blackwell

1521408

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

COMMUNITY OF BELIEVERS CHRISTIAN CHURCH

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC ARTICLES/CHURCH

Document No(s):

200505501914

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 14th day of February,
A.D. 2005.

J. Kenneth Blackwell
Ohio Secretary of State

Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
 Central Ohio: (614) 466-3910
 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
 e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

Mail Form to one of the Following:

- ☐ Yes PO Box 1390
 Columbus, OH 43216
 *** Requires an additional fee of \$100 ***
- ☒ No PO Box 670
 Columbus, OH 43216

INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Non-Profit)

Filing Fee \$125.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) <input type="checkbox"/> Articles of Incorporation Profit (113-ARF) ORC 1701	(2) <input checked="" type="checkbox"/> Articles of Incorporation Non-Profit (114-ARN) ORC 1702	(3) <input type="checkbox"/> Articles of Incorporation Professional (170-ARP) Profession _____ ORC 1785
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Complete the general information in this section for the box checked above.

FIRST: Name of Corporation Community of Believers Christian Church

SECOND: Location Akron Summit
 (City) (County)

Effective Date (Optional) _____ Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.
 (mm/dd/yyyy)

☐ Check here if additional provisions are attached

Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.

THIRD: Purpose for which corporation is formed

To Engage in Projects To Promote, Sponsor, And Encourage Programs Designed To Encourage Every Member To Dedicate Their Life To God Regardless Of Race, Color, Creed, Or National Origin.

Complete the information in this section if box (1) or (3) is checked.

FOURTH: The number of shares which the corporation is authorized to have outstanding (Please state if shares are common or preferred and their par value if any)

(No. of Shares) _____ (Type) _____ (Par Value) _____

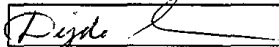
(Refer to instructions if needed)

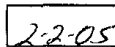
Completing the information in this section is optional**FIFTH:** The following are the names and addresses of the individuals who are to serve as initial Directors.

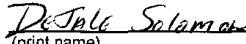
<hr/>		
(Name)		
<hr/>		
(Street)		
NOTE: P.O. Box Addresses are NOT acceptable.		
<hr/>	<hr/>	<hr/>
(City)	(State)	(Zip Code)
<hr/>		
(Name)		
<hr/>		
(Street)		
NOTE: P.O. Box Addresses are NOT acceptable.		
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(Name)		
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(Street)		
NOTE: P.O. Box Addresses are NOT acceptable.		
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(City)	(State)	(Zip Code)

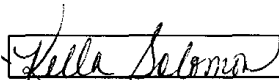
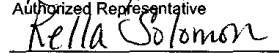
REQUIRED

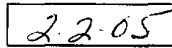
Must be authenticated
(signed) by an authorized
representative
(See instructions)

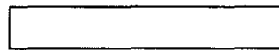

Authorized Representative

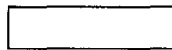

Date


(print name)


Authorized Representative

(print name)


Date


Authorized Representative


Date

(print name)

Complete the information in this section if box (1) (2) or (3) is checked.

ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of Community of Delicias Christian Church hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is

DeJale Solomon

(Name)

856 Roslyn Ave

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Akron

(City)

Ohio

44320

(Zip Code)

Must be authenticated by an authorized representative

Kelle Solomon

Authorized Representative

2-2-05

Date

Dijel L

Authorized Representative

2-2-05

Date

Authorized Representative

Date

ACCEPTANCE OF APPOINTMENT

The Undersigned,

DeJale Solomon

, named herein as the

Statutory agent for,

Community of Delicias Christian Church

, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature:

Dijel L

(Statutory Agent)