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(Requestor's Name)

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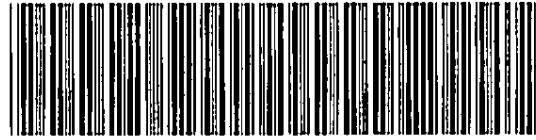
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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



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W22-3458

Office Use Only

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JAN 14 4:01 PM  
STATE  
OFFICE

S. HAWKES  
JAN - 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 18, 2022

LUIS A RUIZ  
1035 OAK BLUFF DRIVE  
DAVENPORT, FL 33837

SUBJECT: COVENANT MARRIAGE MINISTRIES INCORPORATED  
Ref. Number: W22000003458

We have received your document for COVENANT MARRIAGE MINISTRIES INCORPORATED and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes  
Regulatory II

Letter Number: 322A00000814

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COVENANT MARRIAGE MINISTRIES INCORPORATED  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

LUIS A. RUIZ

Name of Person

COVENANTMARRIAGE MINISTRIES INCORPORATED

Firm/Company

1035 Oak Bluff Drive

Address

Davenport, Florida 33837

City/State and Zip Code

Luis.62RZ@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS A. RUIZ

219

308-5555

Name of Person

at ( )

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$70.00 Filing Fee

\$78.75 Filing Fee &  
Certificate of Status

\$78.75 Filing Fee &  
Certified Copy

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

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. COVENANT MARRIAGE MINISTRIES INCORPORATED

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. INDIANA 3. 47-4358602
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/01/2015 5.
(Date of Incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1035 OAK BLUFF DRIVE DAVENPORT, FLORIDA 33837
(Principal office street address)

(Current mailing address, if different)

8. This corporation is organized and operated exclusively for religious purposes within the meaning of section 501(C)(3), Internal Revenue Code.

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: LUIS ANGEL RUIZ SR

Office Address: 1035 OAK BLUFF DRIVE

DAVENPORT

(City)

Florida 33837

(Zip Code)

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STATE
FL

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature of registered agent

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

Chairman Name: Luis A Ruiz  
 Vice Chairman Address: 1035 Oak Bluff Dr  
 Director Davenport, FL 33837  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Charles Arms Jr  
 Vice Chairman Address: 320 Mary Ln  
 Director Crown Point, IN 46307  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

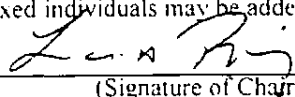
Chairman Name: Charles McBain  
 Vice Chairman Address: 16920 Holtz Road  
 Director Lowell, IN 46356  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Rebecca Arms  
 Vice Chairman Address: 320 Mary Ln  
 Director Crown Point, IN 46307  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Judy McBain  
 Vice Chairman Address: 16920 Holtz Road  
 Director Lowell, IN 46356  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Lisa J Ruiz  
 Vice Chairman Address: 1035 Oak Bluff Dr  
 Director Davenport, FL 33837  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Luis Angel Ruiz  
(Typed or printed name and capacity of person signing application)

**State of Indiana**  
**Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

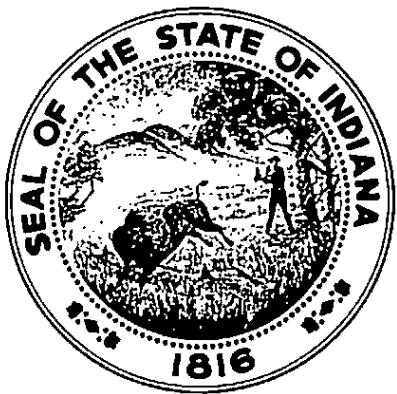
I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**COVENANT MARRIAGE MINISTRIES, INC.**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on July 01, 2015, and was in existence or authorized to transact business in the State of Indiana on January 18, 2022.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 18, 2022

A handwritten signature in cursive script that reads "Holli Sullivan".

HOLLI SULLIVAN  
SECRETARY OF STATE

2015070700133 / 20222394304

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on February 17, 2022.