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## FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE Division of Corporations TALLAHASSEE. FLORIDA

August 17, 2011

JAY P ZAVADA 13138 ZORI LANE WINDERMERE, FL 34786

SUBJECT: ZAVADA MINISTRIES INC.

Ref. Number: W11000042983

We have received your document for ZAVADA MINISTRIES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith Regulatory Specialist II

Letter Number: 711A00019309

## **COVER LETTER**

Zavada Ministries Inc.

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

	(PROPOSED CORPORAT	E NAME – <u>MUST INCLI</u>	JDE SUFFIX)
Enclosed is an original ar	nd one (1) copy of the Artic	les of Incorporation and	d 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 C	OPY REQUIRED
FROM:	JAY P. Name (Prin	ZAVADA- nted or typed)	_
	<u> </u>	ORi LANE	_

Zavadas @ earthlinkonet

WINDERMERE, FL 34786
City, State & Zip

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

(407) 625 - 4/03 Daytime Telephone number

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:	Zavada Mi	inistries	SECRETARY OF S DIVISION OF CORPOR	TATE ATIONS
Principal OFF  Principal  13138  WINDER	ICE street address ZORI LANE		11 AUG 26 PM 3 Mailing address, if different is:	
ARTICLE III PURPOSE			•	
The purpose for which the corporation	is organized is:	1	n maranta la	<u>.</u> .
The deliver	1 of Christ	ian - based	ministry / se	rvice
programs	to the comm	numity.	e ministry/se.	
	ECTION The manner in which			
		NUTLLY		
ARTICLE V INITIAL OFFIC	ERS AND/OR DIRECTORS	,		_
Name and Title: 14 ZAVA	DA EXECUTIVE DIMELBEN	ame and Title: YV CW/	VE ZAVADA, CO-EXECUTIVE	DINECTOR
	ti LANE A 64. FL 34786		38 2021 LME 1042MERE FL 34784	<del>-</del>
Name and Title: CAPTER ZA	VADA CHIEF VISIONAYN	ame and Title: 2/10	HARY ZAVADA, CEO	
Address: Officer M	10 CHIEF OPENTING OFFICER A	.ddress:	38 2 on i LAME	<u> </u>
13/3 8 20 WINDER		<u> Wil</u>	NOGRAMENE, FL 347	<u>E6</u>
			IP Zavada -D	<del></del>
Name and Title: Gray ZAV		ame and Title:	De le publich to	#208
13138 7	or: come	Cel	Jordhon, FL 3474	<u> </u>
WINDOWN	ere fi 34786			
ARTICLE VI REGISTERED A		*.4 4		
The name and Florida street address (I	P.O. Box NOT acceptable) of the	registered agent is:		
Address: 1400	CELEBRATION AV	/ <b>E</b> .		
# <u># 20</u>	8 BRATION FL 347	+V2		
The name and address of the Incorporate				
	AVAR			
Address: 1313 8	ZORI LANG MEAR FL 34%	<i>P</i> /		
<u> WINDER</u>	WINE FL SIK	36		
Having been named as registered ages certificate, I am familiar with and accep				this
Parl P1.	······································		F-11-11	
Required Sig	nature of Registered Agent		Date	
I submit this document and affirm that to the Department of State constitutes a	the facts stated herein are true. I	I am aware that any fal	se information submitted in a docum	nent
\ / '/)'			18/00/11	
Require	d Signature of Incorporator		Date	
\ / /	<del>-</del> •			