

F21000003740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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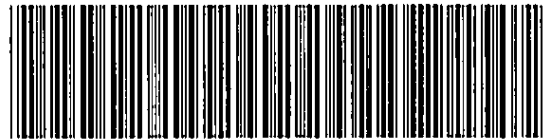
(Business Entity Name)

(Document Number)

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

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CLERK OF SUPERIOR COURT  
JULIA A. HARRIS, CLERK

JUL 02 2021

M. SOLOMON



**LAW OFFICE OF LAURIE W. FIEDLER, LLC**

ATTORNEY AT LAW

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WAYNE, NJ 07470

PHONE 973-633-6510  
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E-MAIL: HISLAW@AOL.COM

LAURIE W. FIEDLER

June 23, 2021

**VIA PRIORITY MAIL-RRR**

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

Re: Assembly of God Shekinah, Inc.

Dear Sir/Madam:

Please be advised that I am the attorney for Assembly of God Shekinah, Inc. a New Jersey Not For Profit Corporation. Enclosed herewith please find an original Application By Foreign Not For Profit Corporation for Authorization to Conduct Its Affairs in Florida along with a Status Certificate authenticated by the State of New Jersey.

Please file and return a certified copy of the filed Application and Certificate of Status in the enclosed self-address stamped envelope provided for your convenience. A check in the amount of \$87.50 is attached for the filing fees.

If you have any questions, please do not hesitate to contact me.

Thank you for your anticipated cooperation.

Very Truly Yours,

A handwritten signature in cursive script that reads "Laurie W. Fiedler".

Laurie W. Fiedler  
*(dictated, not read)*

LWF/mvb

Encl.

cc: Assembly of God Shekinah, Inc. *(via email)*

**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. ASSEMBLY OF GOD SHEKINAH, INC.

(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. NEW JERSEY

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. APRIL 6, 2004

(Date of Incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. 06/01/2021

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

7. 1921 Central Florida PKWY, Suite A, Orlando, FL 32837

(Principal office street address)

37 Goble Street, Newark, NJ 07114

(Current mailing address, if different)

8. Church

(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: REV. JOSIAS ARISTICH

Office Address: 1921 Central Florida Pkwy, Suite A

Orlando

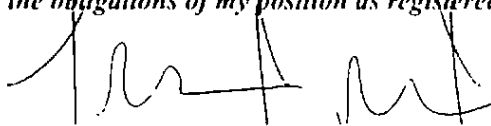
(City)

Florida 32837

(Zip Code)

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.*



(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.

FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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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: REV. JOSIAS ARISTICH  
☐ Vice Chairman Address: 37 GOBLE STREET  
☐ Director NEWARK, NJ 07114  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: PASTOR MISAEAL ALMEIDA  
☐ Vice Chairman Address: 1921 Central Florida Pwy  
☐ Director Suite A  
☐ President Orlando, FL 32837  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: VERA COSTA  
☐ Vice Chairman Address: 37 Goble Street  
☐ Director Newark, NJ 07114  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ 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]  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. REV. JOSIAS ARISTICH, PRESIDENT  
(Typed or printed name and capacity of person signing application)

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CLERK OF THE  
FLORIDA DEPARTMENT OF  
STATE

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

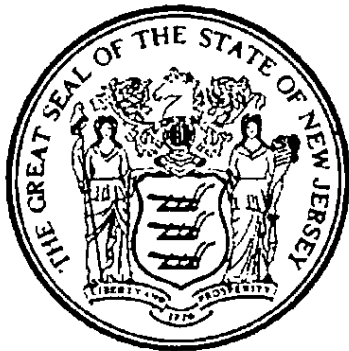
**ASSEMBLY OF GOD SHEKINAH, INC.**  
0400054404

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on April 06, 2004.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

JOSIAS A. ARISTICH  
37 GOBLE STREET  
NEWARK, NJ 07114



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
23rd day of June, 2021.*

A handwritten signature in cursive script, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6120410455

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)