

F23000005344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

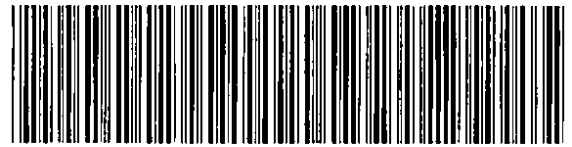
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/05/23--01005--010 **70.00

2023 SEP -1 PM 4:05

RECEIVED
SEP 01 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHURCH OF HOLY WATER, INC.

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:

REV. NICOLAS KIMAZ, N.D.

Name of Person

CHURCH OF HOLY WATER, INC.

Firm/Company

640 CLEMATIS STREET

SUITE 506

Address

WEST PALM BEACH / FLORIDA 33401

City/State and Zip Code

churchofhollywater@gmail.com

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

For further information concerning this matter, please call:

NICOLAS KIMAZ

Name of Person

at (786) 208-9778

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. CHURCH OF HOLY WATER, 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. WASHINGTON 3. 20-1248500
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/20/2016 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. NOT APPLICABLE
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 640 CLEMATIS STREET, SUITE 506, WEST PALM BEACH, FLORIDA 33401
(Principal office street address)

(Current mailing address, if different)

8. Charitable, Educational & Religious Affairs conducted within the meaning of Section 501(c)(3) of the IRS 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: FERNANDO RINCON

Office Address: 640 CLEMATIS STREET, SUITE 506

WEST PALM BEACH, Florida 33401
(City) (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.

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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: NICOLAS KIMAZ
☐ Vice Chairman Address: 640 CLEMATIS STREET
☒ Director SUITE 506
☐ President WEST PALM BEACH, FL 33401
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: ROBERT BILY
☐ Vice Chairman Address: 640 CLEMATIS STREET
☒ Director SUITE 506
☐ President WEST PALM BEACH, FL 33401
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: FERNANDO RINCON
☐ Vice Chairman Address: 640 CLEMATIS STREET
☒ Director SUITE 506
☐ President WEST PALM BEACH, FL 33401
☐ 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. Robert Bily
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. REV. ROBERT BILY, Director
(Typed or printed name and capacity of person signing application)

AFFIDAVIT

August 22, 2023

Florida Department of State
Division of Corporations
2415 N. Monroe Street
Suite 810
Tallahassee, FL 32303

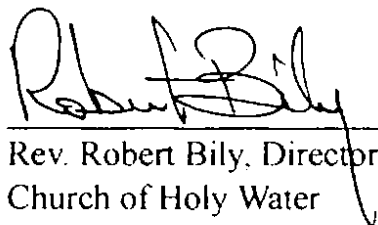
Dear Friends,

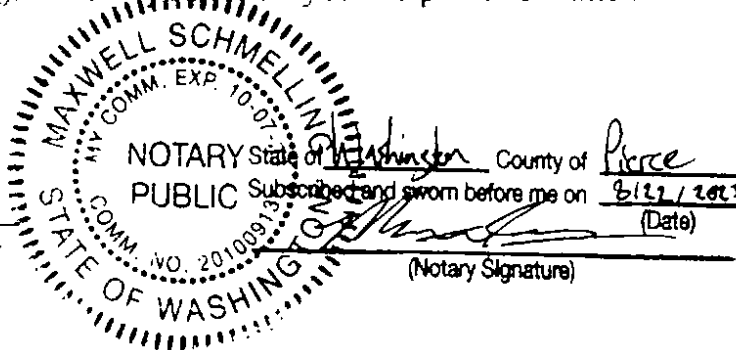
The following resolution is made by the Board of Directors of the Church of Holy Water, Inc. with Document Number N23000002148 to release our corporate name.

We resolve to dissolve this non-profit corporation because we had intended to file for a Group Exemption with the IRS but discovered that it is not possible at this time. Therefore, we are dissolving this corporation and refileing as a Foreign Corporation.

However, we want to release the corporate name for the dissolved corporation (Document Number N23000002148) so that we can use this name in our new application we now enclose for the Foreign Corporation. We understand that our name is protected for 120 days. Therefore, enclosed please find our new filing for our Foreign Corporation using the same name, Church of Holy Water, Inc.

Also enclosed is our Certificate of Existence. Our Washington Secretary of State sent this to us as a PDF stating that this is the only "original" they can provide. They said if you have any questions or concerns to call them or email them at (recordsdesk@sos.wa.gov). Thank you for all your help in this matter.


Rev. Robert Bily, Director
Church of Holy Water
360-990-5373



UNITED STATES OF AMERICA

The State of Washington

Secretary of State



I, **STEVE R. HOBBS**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

CHURCH OF HOLY WATER

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 09/20/2016.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 07/10/2023
UBI Number: 604 046 017



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 07/10/2023

Payment Receipt Confirmation

Your payment was successfully processed.

Transaction Summary		
Description		Receipt
Total Amount Paid		

Customer Information			
Customer Name	Robert Bily	Receipt Date	8/22/2023
Local Reference ID	800414453988	Receipt Time	09:31:05 PM EDT
	N23000002148		

Payment Information			
Payment Type	Credit Card	Credit Card Number	*****1978
Credit Card Type	VISA	Order ID	58545616

Billing Information			
Billing Address	10711 33rd Avenue Ct. NW	Phone Number	360-990-5373
Billing City, State	Gig Harbor, WA	This receipt has been emailed to the address below.	
ZIP/Postal Code	98332		
Country	US		
		Email Address	revbily@lifestaff.org