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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

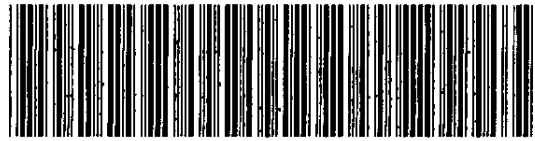
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JUL -9 PM 4:52

EP 7/9/08

**COVER LETTER**

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

**SUBJECT:** Apostolic Revival Center of Marianna, Florida, Inc.  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed is an original and one(1) copy of the Articles of Incorporation and 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 COPY REQUIRED**

**FROM:** Roberto A. Castillo Sr.  
Name (Printed or typed)

4455 Broad Street  
Address

Marianna, Fl 32447  
City, State & Zip

850-482-3162  
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:

Apostolic Revival Center of Marianna, Florida, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

4455 Broad Street  
Marianna, Fl. 32447

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To raise up spiritual mature saints of God that will be capable of going out into the community and into the world to declare the word of God and win souls for the kingdom of God through the power and anointing of Jesus Christ.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Appointed by founder and elected annually.

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

President- Roberto A. Castillo Sr. 4455 Broad Street, Marianna, Fl 32447  
Secretary- Shanda Walker 4443 Holly Hill Drive Apt. C Marianna, Fl 32448  
Treasurer- Annie R. Brinson 4263 Schwenche Drive Marianna, Fl 32448

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Roberto A. Castillo Sr. 4455 Broad Street Marianna, Fl 32447

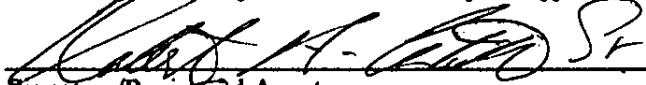
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Roberto A. Castillo Sr. and Elizabeth Joy Castillo  
4455 Broad Street Marianna, Fl 32447

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\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

  
\_\_\_\_\_  
Signature/Registered Agent

7/7/08  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

7/7/08  
\_\_\_\_\_  
Date