N0800006463

(Re	equestor's Name))
(Ad	ldress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phon	e #)
		MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	<u>.</u>
(D0	cument Number	,
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	lv.

ĩ



07/09/08--01024--023 **87.50

DIVISION OF CORPORATION 08 JUL -9 PH 4:52

EP 7/9/08

COVER LETTER

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

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

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

887.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

• ,

÷,

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

4455 Broad Street

Address

Marianna, FI 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 <u>street</u> address and mailing address, if different is: 4455 Broad Street Marianna, FI. 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, FI 32447 Secretary- Shanda Walker 4443 Holly Hill Drive Apt. C Marianna, FI 32448 Treasurer- Annie R. Brinson 4263 Schwenche Drive Marianna, FI 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, FI 32447

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

Signature/Registered Agent

Signature/Incorporator

Date