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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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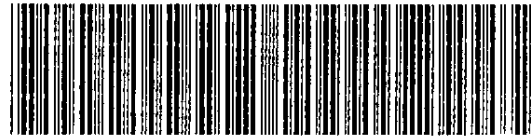
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY 12 PM 2:13

APR 11 2011
11:00 AM

5/13
8

COVER LETTER

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

SUBJECT: CHOSEN TO SERVE MINISTRIES 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: REV. PEDRO A. VIVALDI
Name (Printed or typed)

8656 HILL PINE RD.
Address

ORLANDO, FLORIDA 32825
City, State & Zip

407 249 6620
Daytime Telephone number

PASTORES VIVALDI@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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: CHOSEN TO SERVE MINISTRIES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
8656 HILL PINE RD.
ORLANDO
FLORIDA, 32825

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MAINTAIN A PLACE OF WORSHIP OF ALMIGHTY GOD, PROVIDE CHRISTIAN FELLOWSHIP
FOR THOSE OF LIKE FAITH AND PROPAGATE THE GOSPEL BY ALL AVAILABLE MEANS BOTH AT
HOME AND ABROAD.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

BY MEMBERS WITH EQUAL RIGHTS & PRIVILEGES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>REV. PEDRO A. VIVALDI - PRESIDENT</u>	Name and Title:	_____
Address:	<u>8656 HILL PINE RD.</u>	Address:	_____
	<u>ORLANDO</u>		_____
	<u>FLORIDA 32825</u>		_____

Name and Title:	<u>MRS. CARMEN N. VIVALDI SECRETARY</u>	Name and Title:	_____
Address:	<u>8656 HILL PINE RD.</u>	Address:	_____
	<u>ORLANDO</u>		_____
	<u>FLORIDA 32825</u>		_____

Name and Title:	<u>MR. RICHARD CLASSENS TREASURER</u>	Name and Title:	_____
Address:	<u>7506 LIZ ANNE CT.</u>	Address:	_____
	<u>ORLANDO</u>		_____
	<u>FLORIDA 32807</u>		_____

ARTICLE VI REGISTERED AGENT

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

Name: REV. PEDRO A. VIVALDI
Address: 8656 HILL PINE RD.
ORLANDO
FLORIDA 32825

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: REV. PEDRO A. VIVALDI
Address: 8656 HILL PINE RD.
ORLANDO
FLORIDA 32825

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

Rev. Pedro A. Vivaldi
Required Signature of Registered Agent

5/10/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Rev. Pedro A. Vivaldi
Required Signature of Incorporator
REV. PEDRO A VIVALDI

5/10/11
Date

11 MAY 12 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA