

211000010947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200214244272

11/23/11--01012--002 **87.50

FILED
2011 NOV 22 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 28 2011

COVER LETTER

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

SUBJECT: International Christian Chaplains Association 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: Antonio Ortiz
Name (Printed or typed)

12389 Piping Plover Ave
Address

Weeki Wachee, FL 34614
City, State & Zip

(352) 398-9140
Daytime Telephone number

Chaplain83@yahoo.com
E-mail address:(to be used for future annual report notification)

FILED
2011 NOV 22 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: International Christian chaplains Association Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12389 Piping Plover Ave
Weeki Wachee, FL 34614

Same as above

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide training and certificate to prepared chaplains
for services to the community.

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

As stated in the by laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Antonio Ortiz, (President)

Address: 12389 Piping Plover Ave
Weeki Wachee, FL 34614

Name and Title: Ermes L. Torres (Treasurer)

Address: 603 W Virginia Ave
Tampa, FL 33603

Name and Title: Pedro Cordova, (Vice President)

Address: 739 Old Swannee Rd
Dade City, FL 33525

Name and Title: Francisco Martinez Jr. (Vocal)

Address: 976 W Jefferson St.
Brooksville, FL 34601

Name and Title: Carmen S. Ortiz (Secretary)

Address: 12389 Piping Plover Ave
Weeki Wachee, FL 34614

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Antonio Ortiz

Address: 12389 Piping Plover Ave
Weeki Wachee, FL 34614

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Antonio Ortiz

Address: 12389 Piping Plover Ave
Weeki Wachee, FL 34614

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

Antonio Ortiz, President

Required Signature of Registered Agent

11/21/2011

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.

Antonio Ortiz, President

Required Signature of Incorporator

11/21/2011

Date

FILED
2011 NOV 22 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA