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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 12/10/12

COVER LETTER

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

SUBJECT: MASSAI WORSHIP CENTER 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. JESUS MANUEL DELGADO**
Name (Printed or typed)

1013 MAYFAIR PL
Address

KISSIMMEE FL 34758
City, State & Zip

407- 223-7965
Daytime Telephone number

revdelgadosr@massaiinc.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: MASSAI WORSHIP CENTER INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1143 W COLUMBIA AVE
KISSIMMEE, FL 34744

Mailing address, if different is:
1013 MAYFAIR PL
KISSIMMEE, FL 34758

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Religious non profit organization to celebrate worship service to God, and to serve the community in spiritual advice and others means of service. To establish houses of worship

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: AS PER THE BY LAWS OF MASSAI WORSHIP CENTER INC.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: REV. JESUS M DELAGADO / PRESIDENT
Address: 1013 MAYFAIR PL
KISSIMMEE FL 34758

Name and Title: YINARIS DELGADO / SECRETARY
Address: 2209 PONTINA COURT APT E
KISSIMMEE FL 34747

Name and Title: JULIA RAMOS /TREASURER
Address: 134 PICKERING DR
KISSIMMEE FL 34747

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: JESUS M DELGADO
Address: 1013 MAYFAIR PL
KISSIMMEE FL 34758

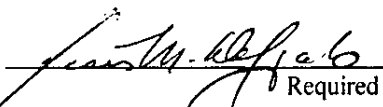
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JESUS M DELGADO
Address: 1013 MAYFAIR PL
KISSIMMEE FL 34758

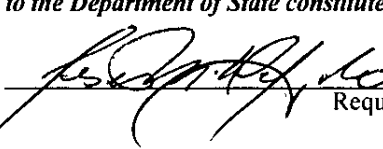
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

11-29-2012
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.


Required Signature of Incorporator

11-29-2012
Date