## N1300000631

(Re	equestor's Name)		
(Ac	ldress)		
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(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bı	isiness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies		s of Status	
Special Instructions to Filing Officer:			



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June 13, 2013

JOHNNY RICARDO 917 N.W. 55TH STREET, APT.#2 FT. LAUDERDALE, FL 33311

SUBJECT: TRUE FAITH CHURCH OF THE LIVING WATER, INC.

Ref. Number: W13000034412

We have received your document for TRUE FAITH CHURCH OF THE LIVING WATER, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The top portion on the first page needs to be removed and the last page with the signatures needs to be separate from the transmittal letter.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 713A00014903

Division of Company in a DO POV 6297 Tollahagaaa Florida 2921/

## **COVER LETTER**

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

	7	r "+	1	1 01	H-1	117	INC. LUDE SUFFIX)
SUBJECT:	Irve	<u> Failh</u>	Lhurc	A OF	he livin	ia Waler.	INC.
	_	(PF	ROPOSED	CORPOR	RATÉ NAM	B-MUST INC	<u>ČĽUDE SUFFIX</u> )

enciosed is an original a	nd one (1) copy of the Ar	ticles 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 CO	PY REQUIRED

FROM: Tohnny Ricardo Name (Printed or typed)
917 N.W. 5 TA, 57. Apt # 2, Address
FT. lauderdale, F1, 33341 City, State & Zip
954873 0571 Daytime Telephone number
Tohway Ricardo 55 @ Yahov, 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 The name of ti	he corporation shall be: True Faith Ch	urch of Th	ne living WATER, INC.
ARTICLE I			·
	Principal street address:		Mailing address, if different is:
_2	161 N.W. 19 STreeT		717 N.W. ST. STreeT, ApT 25
F	T. lauderdale, Fl. 33311		T. lauderdale, Fl. 3337 7 TI
<u>.1/</u>	1. INUARRAME, 11,33311		HAUGERANE, TISSING TO TO
	·		RAT E
ARTICLE I		1 4	
			vely religious, charitable, scientific
_	• •		ing of Section 501(s)(3) of The
INTERNA	Revenue Code of 1986 or T	he corresp	ponding provision of any future
U.S. INTE	Ernal Revenue law, including,	for such	purposes, The Making of distributions
			alions undersaid Section 501(c)(3) of The
INTERNAL	Revenue Code of 1986. Speci	fically. The	organization Willbe a church That
Torchec &	and preaches The Garnel of To	sus Chnist	As Taught in The Holy Bible.
ARTICLE I			he directors are elected and appointed:
	And for The Terms provided		
MINMINEL	AND JOF THE IFFMS PERVICES	111 112 1	Y ITWA
ARTICLE	V INITIAL OFFICERS AND/OR DI	RECTORS	
Name and Tit	de: William Gallon Paster/PresidenT	Name and Tit	e: Johnny Ricardo, Elder Minister
Address			917 N.W. STE. ST. ApT. #2
	MargaTe, F1.33063		FT. Lauderdale, F1.33311
	nun gas, i u a i a a a a a a a a a a a a a a a a	•	
Name and Tit	He DoroThy Gallon, Missionary	Name and Tit	ic CANSTAL JONES, SecreTARY
Address	6730 N.W. 6 CT.	_ Address:	1637 lauderdale Maner Dr.
	MArgaTe, Fl. 33063		FT. lauderdale, Fl. 33311
	THE GREET THE SECTION OF THE SECTION	-	
Name and Ti	tle: John Roberson Bishop	- Name and Tit	10: ShariON Burke, SISTER
Address	3330 N.W. 17m. CT.	Address:	711 N.W. 19 ST. # 208
	FT. lauderdale, Fl. 33311		FT. Lauder dale, Fl. 33311
	· · · · · · · · · · · · · · · · · · ·	-	TITIMANO MARCHITANATI
	-/		·

Name and Title: learlenna Pierce, Treasurer	Name and Title:	
Address 3400 N. W. 6 Th. 5 T.		
FT. lauderdale Fl. 3334		
Name and Title:	Name and Title:	13 JUL 22
		PM 12: 46  OF STATE E. FLORIDA
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accept	otable) of the registered agent is:	
	· · · · · · · · · · · · · · · · · · ·	
Address: 917 N.W. 578. ST. AAT. #2		
Name: Johnny Ricardo  Address: 917 N.W. Str. ST. Apt. FT. lauderdale, Fl. 3331		
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:		
Name: Johnny Ricardo		
Address: 917 N. W. 512, ST, ApT, #	2	
Name: Johnny Ricardo Address: 917 N. N. 5th. ST. Apt. # Fl. lauderdale, Fl.	33311	
Having been named as registered agent to accept service certificate, I am familiar with and accept the appointment a	of process for the above stated corporations s registered agent and agree to act in this c	n at the place designated in this capacity
John Revorde	·	7-17-13
Required Signature of Registered		Date
I submit this document and affirm that the facts stated here to the Department of State constitutes a third degree felony	in are true. I am aware that any false infoi as provided for in s.817.155, F.S.	rmation submitted in a document
Required Signature of Incor	2	7~/7~/3
Required Signature of Incor	porator	Date