

N/3000008144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

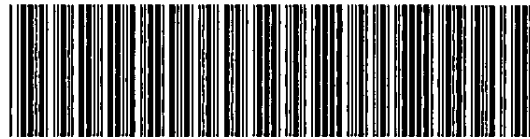
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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13 SEP -9 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

cmd 9/12

## COVER LETTER

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

SUBJECT: Divine Quantum Faith Healing 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: Honorable Ted Alvarez  
Name (Printed or typed)

11823 - Coastal Lane West  
Address

Jacksonville Florida 32258  
City, State & Zip

904-200-0697  
Daytime Telephone number

tedalvarez80@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**In compliance with Chapter 617, F.S., (Not for Profit)**

The name of the corporation shall be: DIVINE QUANTUM FAITH HEALING MINISTRIES INC.

Principal street address:

Principal ~~street~~ address.  
3391- East Silver Springs Blvd  
Suite # B

Ocala, Florida 34470

**Mailing address, if different is:**

Mailing address, if different is:  
11823 - Coastal Lane West  
Jacksonville, Florida 32258

**The purpose for which the corporation is organized is:**

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: To actively promote a non  
for-profit, God given Ecclesiastical form of  
Alternative Complimentary medicine based on specific Christian  
religious practices and beliefs of natural health care for the aid  
of the sick and health challenged using any and all the  
principals of alternative complimentary and quantum Medicines.

**The manner in which the directors are elected and appointed:**

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Appointments  
of directors are done solely by the Honorable Ted Alvarez

Name and Title: Honorable Ted Alvarez <sup>President/CEO</sup> ~~Name and Title:~~

Address 3391- East Silver Springs  
Boulevards, # B  
Ocala, Florida 34470

**Address:**

**Name and Title:**

**Name and Title:**

**Address**

**Address:**

**Name and Title:**

**Name and Title:**

### Address

**Address:**

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Jack Lowder

Address: 2709 Las Palmas Way  
Jacksonville FL 32256

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Honorable Ted Alvarez: President/CEO

Address: 11823 - Coastal Lane West  
Jacksonville, Florida 32258

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

X Jack Lowder  
Required Signature of Registered Agent

9-4-2013  
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.

X Honorable Ted Alvarez: President/CEO  
Required Signature of Incorporator

9-4-2013  
Date