

N14 00005457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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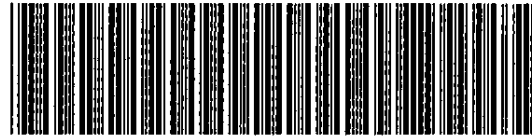
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
14 JUN -9 AM 9:13

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6-9  
acc 6/10/14

## COVER LETTER

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

SUBJECT: New Foundation Apostolic International 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: Bobby Gamble  
Name (Printed or typed)

19200 NW 7th  
Address

Miami FL 33169  
City, State & Zip

786-398-1572  
Daytime Telephone number

Bobbyg378@gmail.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 12, 2014

BOBBY GAMBLE  
19200 NW 7 CT  
MIAMI, FL 33169

SUBJECT: NEW FOUNDATION APOSTOLIC INTERNATIONAL  
Ref. Number: W14000029785

We have received your document for NEW FOUNDATION APOSTOLIC INTERNATIONAL and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return 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.

Carol Mustain  
Regulatory Specialist II

Letter Number: 214A00010071

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be: NEW FOUNDATION APOSTOLIC INTERNATIONAL INC.

## ARTICLE II PRINCIPAL OFFICE

Principal street address:

19200 NW 7th

Miami Fla. 33169

Mailing address, if different is:

Same

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUN - 9 AM 9:13

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Establish and Maintain  
Worship. To give help to those In Need.  
WE Extended OUR Godly given Love, and  
Compassion to Be Extended In OUR  
fellowship and to serve The Community  
To Teach the Christian Faith of  
Jesus Christ

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

According TO By Laws

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President Bobby Gamble Name and Title: \_\_\_\_\_

Address: 19200 NW 7th Address: \_\_\_\_\_

Miami Fla.

33169

Name and Title: Secretary Cecelia Gallon Name and Title: \_\_\_\_\_

Address: 19200 NW 7th Address: \_\_\_\_\_

miami Fla.

33169

Name and Title: Treasury Anna Palmer Name and Title: \_\_\_\_\_

Address: 18451 NW 37th Ave Address: \_\_\_\_\_

Miami Fla. 33056

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

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name:

Bobby Gamble

Address:

19200 NW 7 ct  
Miami Fla. 33169

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Bobby Gamble

Address:

19200 NW 7 ct  
Miami Fla. 33169

*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*

Bobby Gamble

Required Signature of Registered Agent

May 20 2014

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.*

Bobby Gamble

Required Signature of Incorporator

May 20 2014

Date