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(Address)

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(Business Entity Name)

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RETURNED CHECK

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 NOV 25 PM 2:41

12/3/14

COVER LETTER

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

SUBJECT: Yehowah's Word 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: Malaki Sanders
Name (Printed or typed)

855 cadogan avenue
Address

orlando florida 32811
City, State & Zip

321-946-6262
Daytime Telephone number

Yehowahsword@gmail.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)

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ARTICLE I NAME

The name of the corporation shall be: Yehowah's Word Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

408 west colonial drive

Orlando florida 32804

Mailing address, if different is:

855 cadogan avenue

Orlando florida 32811

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: An isolated and incorporated office within a Church that is responsible for managing the churches assets and acts as a natural person in all church related transactions.

FILED
CLERK OF STATE
NOV 25 PM 2:41
CORPORATION

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: According To Chuch Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Malaki Sanders Pres

Address: 855 cadogan avenue
orlando florida 32811

Name and Title: Sarah Rodriquez Sec

Address: 855 cadogan avenue
orlando florida 32811

Name and Title: James Thomas. Tres

Address: 855 cadogan avenue
orlando florida 32811

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

**FILING CANCELLED
RETURNED CHECK**

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: Malaki Sanders

Address: 855 cadogan avenue
orlando florida 32811

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Malaki Sanders

Address: 855 cadogan avenue
orlando florida 32811

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

Malaki Sanders
Malaki Sanders (Nov 21, 2014)

Required Signature of Registered Agent

November 21, 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.

Malaki Sanders
Malaki Sanders (Nov 21, 2014)

Required Signature of Incorporator

November 21, 2014

Date