

N1400011033

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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10/17/14--01001--005 **87.50

FILED
14 DEC - 1 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE *1/1/15*

DEC 3 2014

S. GILBERT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2014

KIARA MARTHINS
5412 SE GRAHAM DRIVE
STUART, FL 34997

SUBJECT: KNIGHTS OF LEVI, CORP.
Ref. Number: W14000064649

We have received your document for KNIGHTS OF LEVI, CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 814A00022798

COVER LETTER

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

SUBJECT: Knights of Levi, Corp.
(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: Kiara Martins
Name (Printed or typed)

5412 SE Graham Dr.
Address

Stuart, FL 34997
City, State & Zip

772-985-0125
Daytime Telephone number

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

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


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

To whom it may concern:

We are not planning of revoking the dissolution of the Corporation and release the name Knights of Levi, Corp. to the nonprofit organization.



KIARA MARTINS (PRESIDENT) 10/15/14
DATE



ERIK MARTINS (VICE PRESIDENT) 10/15/14
DATE

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, fl. 32314

To whom it may concern:

The board of directors of Knights of Levi will be elected as per the standard written bylaws. We would also like the effective date to be January 1st.

 11/28/14

Kiara Martins (President)

Date

 11/28/14

Erik Martins (Vice President)

Date

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

FILED
14 DEC -1 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Knights of Levi, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5412 SE Graham Dr.

Stuart, FL 34997

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: a christian worship
ministry.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As appointed by
~~by appointing~~

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kiara Martins (President) Name and Title: Erik Martins (Vice President)

Address: 5412 SE Graham Dr. Address: 5412 SE Graham Dr.

Stuart, FL 34997 Stuart, FL 34997

Name and Title: Joselito Martins Name and Title: Tauna Stibor

Address: (Board) Address: (Board)

5412 SE Graham Dr. 610 Stanley St.

Stuart, FL 34997 Chippewa Falls, WI 54729

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Kiara Martins

Address: 5412 SE Graham Dr.

Stuart, FL 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kiara Martins

Address: 5412 SE Graham Dr.

Stuart, FL 34997

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

Kiara Martins

Required Signature of Registered Agent

10/14/14
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.

Kiara Martins

Required Signature of Incorporator

10/14/14
Date