

W15000003576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

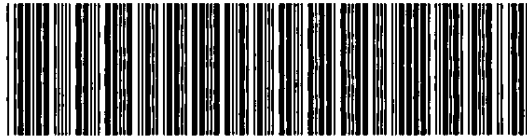
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only
W15000003576

APR 10 2015

T. SCOTT



300270680453

03/18/15--01010--002 **87.50

15 APR -9 AM 11:20



RECEIVED

15 APR -9 PM 2:07

FLORIDA DEPARTMENT OF STATE
Division of Corporations TALLAHASSEE, FLORIDA

March 20, 2015

JOANNA D MASHECK
136 ANZIO DR.
KISSIMMEE, FL 34758

SUBJECT: WAVE OF GLORY INC.
Ref. Number: W15000019847

We have received your document for WAVE OF GLORY 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 title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 715A00005674

COVER LETTER

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

SUBJECT: Wave of Glory 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: JOANNA D. MASHECK
Name (Printed or typed)

136 ANZIO DR
Address

KISSIMMEE FLORIDA 34758
City, State & Zip

863-242-4273
Daytime Telephone number

MASHECK4U@YAHOO.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 NAME

The name of the corporation shall be: Wave of Glory Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

136 ANZIO DR.
Kissimmee FL 34758

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for Religious, Charitable, Educational,
Scientific Purposes to serve the people of Osceola County
And the State of Florida By said of Purposes of Organization.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: voting By
Congregation of said Corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Ioanna D Masheck - CEO</u>	Name and Title:	<u>Christopher L. Masheck - President</u>
Address	<u>136 Anzio Dr.</u> <u>Kissimmee Fl.</u> <u>34758</u>	Address:	<u>136 Anzio Dr</u> <u>Kissimmee Fl</u> <u>34758</u>
Name and Title:	<u>Rebecca Torres - Assistant Secretary Secretary</u>	Name and Title:	<u>Daniel Vargas - Assistant Treasurer Treasurer</u>
Address	<u>122 Teakwood D.</u> <u>Kissimmee fl</u> <u>34743</u>	Address:	<u>934 Cambridge Court</u> <u>Kissimmee, fl</u> <u>34758</u>
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

15 APR -9 AM 11:20

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:

JOANNA D. MASHECK

Address:

136 ANZIO DR
KISSIMMEE, FL 34758

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name:

JOANNA D. MASHECK

Address:

136 ANZIO DR
KISSIMMEE, FL 34758

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

JOANNA D. MASHECK Joanna D. Masheck
Required Signature of Registered Agent

MARCH 13, 2015
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.

JOANNA D. MASHECK Joanna D. Masheck
Required Signature of Incorporator

MARCH 13, 2015
Date