

N15000003987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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[illegible]

MD 2/21

COVER LETTER

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

SUBJECT: WTFWJD 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: ALEJANDRO SALVI

Name (Printed or typed)

6202 N STATE ROAD 7 UNIT 106

Address

COCONUT CREEK, FL 33073

City, State & Zip

305-720-0581

Daytime Telephone number

Alexsalvi360@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: WTFWJD MINISTRIES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

6202 N State Road 7 Unit
106

COCONUT CREEK, FL 33073

15 APR 17 AM 11:45
7100 N. STATE RD. UNIT 106
COCONUT CREEK, FL 33073

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL CHARITY WORK FOR RELIGIOUS INSTITUTIONS IN MANY PARTS OF THE WORLD

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

APPOINTED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEJANDRO SALVI, /DIRECTOR Name and Title: _____

Address 6202 N State Road 7 Unit 106 Address: _____

Coconut Creek, FL 33073 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

15 APR 17 AM 11:45
NOTAR PUBLIC
ALEJANDRO SALVI

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: ALEJANDRO SALVI

Address: 6202 N State Road 7 Unit 106

Coconut Creek, FL 33073

ARTICLE VII INCORPORATOR

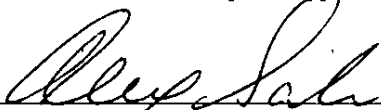
The name and address of the Incorporator is:

Name: ALEJANDRO SALVI

Address: 6202 N State Road 7 Unit 106

Coconut Creek, FL 33073

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

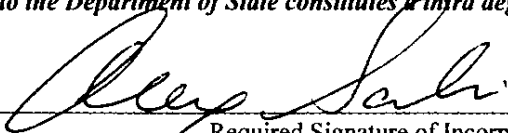


Required Signature of Registered Agent

24MAR2015

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.



Required Signature of Incorporator

24MAR2015

Date

15 APR 17 AM 11:45
RECORDED - STATE
CORPORATE, FLORIDA