(Reque	estor's Name)	_
(Addres	ss)	_
(Addres	ss)	_
(City/St	tate/Zip/Phone #)	_
PICK-UP	WAIT MAIL	
(Busine	ess Entity Name)	-
(Docum	nent Number)	-
Certified Copies	Certificates of Status	-
Special Instructions to Filin	ng Officer:	7

Office Use Only



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COVER LETTER

TO:	New Filing So Division of Co			
SUBJ	ECT:	Almick fry Name of Corporation	Worship Centron - must include suffix	Ter
Dear S	ir or Madam:			
Affairs	s in Florida", "Ce	ion by Foreign Not for Profirtificate of Existence", or "Cenced not for profit corporations."	Certificate of Status" and che	eck are submitted to
Please	return all corres _l	oondence concerning this ma	tter to the following:	
		Joseph Name o	Seina f Person	
		Church & Film/C	Or phanage	
		1049 Crolden 1	lakes Blud	
		7/p/ 11	//	
		West Palin Be City/State a	nd Zip Code	<u>+11_</u>
	<u> </u>	Seneauawc 51 nail address: (to be used for f	68 @ GINA'S · COA	m_tion)
For fur	ther information	concerning this matter, pleas	se call:	
	Joseph Name o	Sena at (347) 339-74: Area Code & Daytime Tel	3 <i>8</i> ephone Number
	MAILING AD New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations	New Filing Se Division of Co Clifton Buildi	orporations ng re Center Circle
Enclose	ed is a check for	the following amount:		,
□ \$70	.00 Filing Fee	☐\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



March 20, 2015

JOSEPH SENA 1049 GOLDEN LAKES BLVD., APT.111 WEST PALM BEACH, FL 33411

SUBJECT: ALMIGHTY WORSHIP CENTER CORP.

Ref. Number: W15000019823

We have received your document for ALMIGHTY WORSHIP CENTER 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):

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

The name and title of the person signing the document must be noted beneath or opposite the signature.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Maryanne Dickey Regulatory Specialist II

Letter Number: 515A00005659



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 7, 2015

JOSEPH SENA 1049 GOLDEN LAKES BLVD., APT.111 WEST PALM BEACH, FL 33411

SUBJECT: ALMIGHTY WORSHIP CENTER CORP.

Ref. Number: W15000019823

We have received your document for ALMIGHTY WORSHIP CENTER 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):

The form you submitted is for a FOREIGN NON-PROFIT QUALIFICATION, but your entity is a FLORIDA NON-PROFIT. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 515A00005659

COVER LETTER

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

SUBJECT:	Almichty W	OSSIID ONTO TE NAME THUST INCLUDE SUFFI	Corp.
•	(PROPOSED, CORPORA	TE NAME / MUST INCLUDE SUFFI	\overline{X})
	<u>-</u>		

Enclosed is an original	and one (1) copy	of the Articles of	f Incorporation and	a check for:
			-	

\$70.00 Filing Fee

\$78.75
Filing Fee &
Certificate of

Certificate of Status

□\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Joseph Sena

1049 Crolden Lakes Blud Apt 111

West Palm Boach 1/1. 33 411

347-339-7438 Daytime Telephone number

<u>Tase near a wc 5168</u> a email com E-mail address: (to be used for future annual report polification)

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 The name of th	NAME ne corporation shall be: Almighty Wosship Center	Corp.
ARTICLE II	,	
	Principal street address: Mailing address, if differen	ntjis: Fo
	1049 Golden Lakes Blud Apt 111	
(West Palm Beach	PH 1
	F/. 33411	70 F.
ARTICLE II		Di
The purpose for	for which the corporation is organized is: . is breach the gas,	eel of Jesus
Chr	ist - And we plan to reach the	orphano
Kia	or which the corporation is organized is: 10 preach the gas, ist - And we plan to reach the day to feed and to help them to	the way
	e can -	
ARTICLE IV	MANNER OF ELECTION The manner in which the directors are elected and appoint mination	ed:
ARTICLE V	V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Titl	le: Joseph Sena Chairnia, Name and Title:	
Address	1049 Golden Leekes Address:	
-	Bhod 111	
	West Palin Beach fl. 3:3411	
Name and Titl	le: Pascale Francois Presi Name and Title:	
Address	1049 Goldon Lakes /// Address:	
	West Palin Beach	
	<i>-</i>	
Name and Titl	le: <u>Vean L. Sena Seere Tan</u> Name and Title:	<u>_</u>
Address	1560 Sw. Hennicut Address:	
	Port-S. Lucie	
	F1. 34953	

Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:
	acceptable) of the registered agent is:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT a	acceptable) of the registered agent is:
Name: Joseph Sina	thee Blod ///
Address: 1049 Golden La West Falm Beach	<u> </u>
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is: Name: Paragraph Paragraph	Francois (Pascale Francois)
Address: 1049 Golden b	akes Blod 111
West Talm B	Seach 11.33411
Having been named as registered agent to accept serv certificate, I am familiar with and accept the appointme	vice of process for the above stated corporation at the place designated in this ont as registered agent and agree to act in this capacity
Required Signature of Register	ered Agent
I submit this document and affirm that the facts stated to the Department of State constitutes a third degree felo	herein are true. I am aware that any false information submitted in a document ony as provided for in s.817.155, F.S.
Tascale Françon Required Signature of Ir	Corporator 4/14/15 Date

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