N150000004185

(Requestor's Name)				
(Address)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Harrie)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT:	GALILAE FEILONSHIP, 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

578.75 Filing Fee &

Certificate of Status

\$78.75

\$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

7+3 023+
Daytime Telephone number

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

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

The name of the corporation shall be: COALIFE FELLOWSHIP, INC.
ARTICLE II PRINCIPAL OFFICE
Principal street address: Mailing address, if different is: 798 CRANDON BIN · 39 C
FFY BU GYNF FT 33149
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Wissionery Fibu. Servent of
GOD AND His PROPUR. VOCATIONAL SKIUS. LIPATIME
Skills for prople in Distress.
The part of the pa
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
CAMIRMAN'S APPINITES.
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: RENR M. Equiluz CHAIRMAN. Name and Title: Flora FFrench Officer Address 798 CRANDON BIV 39C Address: 1540 NR 174th St
Address 798 CRANDON BIN 39 C Address: 1540 NE 174th St
KEY BILCHME FI 3349 NMB, FL, 33162
Name and Title: JOSSICO Alcime Director ame and Title: Lymont Ctpistopte
Address 4636 NW 18544 ST Address: 7921 NF 74 ANT. 247 Miami Gardens. FL 33055 Miami, Fl. 33138
Name and Title: Name and Title:
Address Address:

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:	PENE M. FGUILAR				
Address:	798 CRANDIN BIV. 39 C				
	FRY BIJGYNE FI 33149				
ARTICLE VII INCORPORATOR					
,	ddress of the Incorporator is:				
Name:					
Address:	798 CRONDAY BIV. 39 C				
	KEY BUGGNE 7 38H9				
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					
	0409	15			
	Required Signature of Registered Agent 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.					
	5 h vil 04 09	15			
	Required Signature of Incorporator Date	 			

ARTICLE I GALILEE FELLOWSHIP, INC.

ARTICLE II 798 CRANDON BLV. #39C, KEY BISCAYNE, FL. 33149

ARTICLE III MISSIONARY FIELD. SERVANT OF GOD AND HIS PEOPLE. VOCATIONAL SKILLS. LIFETIME

SKILLS FOR PEOPLE IN DISTRESS.

ARTICLE IV CHAIRMAN'S APPOINTEES

ARTICLE V RENE M. EGUILUZ/CHAIRMAN 798 CRANDON BLV 39C KEY BISCAYNE, FL 33149

FLORA FFRENCH/OFFICER 1540 NE 174TH ST NMB, FL. 33162

JESSICA ALCIME/DIRECTOR 4636 NW 185TH ST MIAMI GARDENS, FL 33055

LAMONT CHRISTOPHE/OFFICER 8951 NE 8TH AVE 317 MIAMI, FL. 33138

ARTICLE VI RENE M. EGUILUZ 798 CRANDON BLV 39C KEY BISCAYNE, FL.33149



15 APR 24 AM 10: 33

FLORIDA DEPARTMENT OF STATE: Division of Corporations

April 15, 2015

RENE EGUITUZ 798 CRANDON BLVD 39C KEY BISCAYNE, FL 33149

SUBJECT: GALILEE FELLOWSHIP, INC.

Ref. Number: W15000026088

We have received your document for GALILEE FELLOWSHIP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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.

Christine Haney Regulatory Specialist II New Filing Section

Letter Number: 115A00007475

