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## **COVER LETTER**

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

SUBJECT: CHRIST CH	IURCH OF DEFENSE INC					
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )					
Enclosed is an original a	and one (1) copy of the Ar	ticles of Incorporation and	a check for:			
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of	\$78.75 Filing Fee	\$87.50 Filing Fee,			
	Status	& Certified Copy	Certified Copy & Certificate			
	PY REQUIRED					
FROM:	Phillip-Jean:seide					
i Kowi.	Name (Printed or typed)					
	C/O 2562 antlia drive					
	Address					
	Orlando, Florida {32828}					
	City, State & Zip					
	4074509025					
	Dayti	me Telephone number	-			

pseide2016@gmail.com

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

E-mail address: (to be used for future annual report notification)

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

<u>ARTICLE II</u>	PRINCIPAL OFFICE	
C/0	Principal <u>street</u> address: 2562 antlia drive Orlando Florida	Mailing address, if different is:
to be married	for which the corporation is organized is:  ories to this church, to all their freedoms and it; to counsel and receive counsel; to baptise,	This organization is to dedicate the people and persons willing to make them ad acts placed to them by the STATES that they are given to living in, such as e, et al.
informations	of the charitable acts, such as donations to t	the needy and poor; receiving to give to less fortunate children; and et al.
ARTICLE IV	/ MANNER OF ELECTION The mann	ner in which the directors are elected and appointed:
		ner in which the directors are elected and appointed:
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	Name and Title: Jacob:Charles/Treasuer
ARTICLE IV  ARTICLE V  Name and Tit  Address	INITIAL OFFICERS AND/OR DIRECT tle: Phillip-Jean:Seide/President C/O 2562 antlia drive Orlando Florida	Name and Title:  C/O 7610 Arbordale Drive Port Richey  Address:
ARTICLE V  Name and Tit	INITIAL OFFICERS AND/OR DIRECT	Name and Title:    Address:   Florida {34668}   Florida {44668}
ARTICLE V  Name and Tit  Address	INITIAL OFFICERS AND/OR DIRECT  tle: Phillip-Jean:Seide/President  C/O 2562 antlia drive Orlando Florida  {32828}	Name and Title:    Address:   C/O 7610 Arbordale Drive Port Richey   Representation   Property   Pr
Name and Tit Address  Name and Tit	INITIAL OFFICERS AND/OR DIRECT  tle: Phillip-Jean:Seide/President  C/O 2562 antlia drive Orlando Florida  {32828}	Name and Title:  Address:  Florida {34668}  Name and Title:
ARTICLE V  Name and Tit  Address  Name and Tit	INITIAL OFFICERS AND/OR DIRECT Phillip-Jean: Seide/President  C/O 2562 antlia drive Orlando Florida  {32828}  Anthony: Williams/ secretary	Name and Title:    Address:   C/O 7610 Arbordale Drive Port Richey:   Florida {34668}
ARTICLE V  Name and Tit  Address  Name and Tit  Address	INITIAL OFFICERS AND/OR DIRECTED  tle: Phillip-Jean:Seide/President  C/O 2562 antlia drive Orlando Florida  {32828}  Anthony:Williams/ secretary  C/O 6010 sixth avenue north St pete	Name and Title:  Address:  Florida {34668}  Name and Title:  Address:

Name and Title:	*	Name and Title:			
Address _		Address:			
-					
-					
Name and Title:		Name and Title:	<del> </del>		
Address _		Address:			
-		<del></del> ,			
_	<del>-</del>				
	REGISTERED AGENT				
The <u>name and F</u>	lorida street address (P.O. Box NOT accep	stable) of the register	ed agent is:		
Name:	Phillip-Jean:Seide				
Address:	C/O 2562 antlia drive Orl	ando			
	Florida {328238}	· · · · · · · · · · · · · · · · · · ·			
	INCORPORATOR  ddress of the Incorporator is:				
The name and a	PHILLIP SEIDE				
Name:		<del></del>			
Address:	C/O 2562 antlia drive Or	lando			
	Florida {32828}				
	EFFECTIVE DATE:		(OPTIONAL)		
(If an effective of	other than the date of filing:	d cannot be more t	(OPTIONAL) han five business da	ys prior or 90 bu	ısiness days
after the filing.)					
	inserted in this block does not meet the ap- tive date on the Department of State's reco		ng requirements, this	date will not be l	listed as the
certificate, I am j	med as registered agent to accept service of familiar with and accept the appointment as	of process for the al registered agent an	oove stated corporation d agree to act in this	on at the place di capacity	esignated in this
Ship Tear Side			<u> </u>	18/20	15
	Required Signature of Registered	Agent	_	Date	
I submit this doc	ument and affirm that the facts stated herei	n are true. I am awa	re that any false infa	rmation submitte	ed in a document
to the Departmen	nt of State constitutes a third degree felony d	is provided for in s.8	17.155, F.S.		
11:10:0	in Ton Sile Anne		0	3/18/2015	
1200 . 24411	Required Signature of Incorp	porator		Date	