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## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

April 29, 2015

ETIENNE MAXE 9540 NW 7 AVE MIAMI, FL 33150

SUBJECT: EL SHADDAI EVANGELICAL CHURCH, INC.

Ref. Number: W15000027006

We have received your document for EL SHADDAI EVANGELICAL CHURCH, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link acceptable officer/director titleinformation. for 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: 415A00007742

## **COVER LETTER**

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

SUBJECT: El Shaddai Worship Center, Inc.

Enclosed is an original a	nd one (1) copy of the Ar	ticles 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 CO	PY REQUIRED

Pastor Maxe Etienne
Name (Printed or typed)

9540 NW 7 AV-E
Address

Miami Fl 33150
City, State & Zip

954-173-4037
Daytime Telephone number

etiennemaxe & Aol. Com
E-mail address: (to be used for future annual repositionistication)

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

May 14<sup>th</sup>, 2015

From: Pastor Maxe Etienne

To: Whom it may concern

Hello, my name is Pastor Maxe Etienne from El Shaddai Worship Center, Inc. I Just want to clarify we have changed the name of the church. What happened is most of the members were no longer with us and the church was about to close, and we decided to let everything go. As everything was about to be complete, some of the members had decided to keep the door of the church open. That is the main reason why we want to have everything redone, having a new name and a new corporation.

Thank you for your understanding and I am looking forward to hearing from you.

Sincerely, Pastor Maxe Etienne from El Shaddai Worship Center, Inc.

ARTICLES OF INCO. In compliance with Chapter 617,	
ARTICLE I NAME The name of the corporation shall be: El Shadda	Worship Center, Inc.
ARTICLE II PRINCIPAL OFFICE	(MWE)
Principal street address: 9540 NW 7AV-R	Mailing address, if different is: Same
Miami fl 33150	
Praise and worship God Our main goal is to loc and lost souls to prea of God, and also to enes.  ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and which is the committee.	and Sunday to in truth and spirit. OK for the unsaved ch them the word of feed the hungry  directors are elected and appointed: The
Address 5331 SW 140 Terr Address:  Miramor Fl 33027	sident
Address 13525 NE 6 Ave #300 ress: Miami fl 33161	20 F
Name and Title: LOUIS NEIXI Name and Ti  Address 1015 NW 124 St Address:  Miami Fl 33168	retar 0:50

Name and Title:	Name and Title:	
Address	Address:	
<del></del>	· · · · · · · · · · · · · · · · · · ·	
Name and Title:	Name and Titles	
Address	Address:	
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT acce	, , , , , , , , , , , , , , , , , , , ,	
Name: MOXE Etteni	ne, Pastor	
Address: 533  5W 140	Terr	
miramar f/3	<u>302</u> 7	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		
Name: Maxe Etien	ne	
Address: 5331 5W 140	Terr	
Miramar Fl	<i>3</i> 302.7	
ARTICLE VIII EFFECTIVE DATE:		
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific an after the filing.)		
Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's reco	oplicable statutory filing requirements, this date will not be listed as the ords.	
Having been named as registered agent to accept service certificate, I am familiar with and accept the appointment a	of process for the above stated corporation at the place designated in this is registered agent and agree to act in this capacity	
_ Cara	05/14/15	
Required Signature of Registered	Agent	
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.		
(800)	official	
Required Signature of Incor	norator Date	

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