

N1500000837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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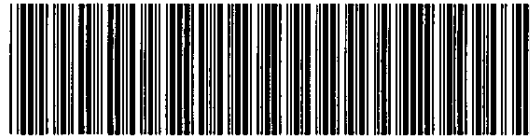
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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8/28/15

## COVER LETTER

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

SUBJECT: Immersion Coaching Mission, 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: Gisela A. Marsari  
Name (Printed or typed)

1064 Broadway  
Address

Dunedin, FL, 34698  
City, State & Zip

(727) 276-3396  
Daytime Telephone number

g.is.marsari@gmail.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: Immersion Coaching Mission Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1064 Broadway  
Dunedin, FL 34698

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To take the word of Jesus Christ to all the  
world by training missionaries without following any  
denomination

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: By direct  
vote of the members churches

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Eisela A. Marsari (Pres) Name and Title: Antonio J. Marsari (V. Pres.)

Address: 1064 Broadway Address: 1064 Broadway  
Dunedin, FL 34698 Dunedin, FL 34698  
(927) 276 3396 (927) 276 3396

Name and Title: Pastor Joana Lopez Name and Title: \_\_\_\_\_

Address: 5428 Ripple Creek Dr Address: \_\_\_\_\_  
Tampa, FL 33625  
(813) 863-5047 (Scty/Treas.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: Helion W. Cruz

Address: 535 25th Ave S  
St Petersburg, FL 33705

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Gisela A. Monsari

Address: 1064 Broadway  
Dunedin, FL 34698

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 09/01/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

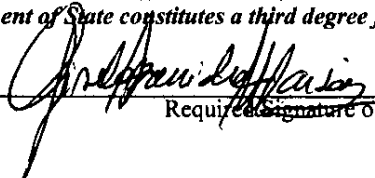


Required Signature of Registered Agent

08/19/2015

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

08/19/2015

Date