

NIS DDDDD 8382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

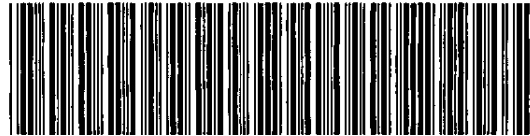
Special Instructions to Filing Officer:

Office Use Only

WI SUM 49451

AUG 31 2015

T. SCOTT



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07/15/15--01019--011 \*\*78.75

15 AUG 28 AM 8:24



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 23, 2015

ALEX MICHEL  
1844 BISHOPS GATE SW  
WINTER HAVEN, FL 33880

SUBJECT: FIRST HAITIAN CHURCH OF GOD  
Ref. Number: W15000049451

We have received your document for FIRST HAITIAN CHURCH OF GOD 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 must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The effective date is not acceptable since it is not within five working days of the date of receipt.

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

COVER LETTER

RECEIVED AUG 28 2015

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

SUBJECT: Winter Haven First Haitian Church of God, 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: Alex Michel  
Name (Printed or typed)

1844 Bishops Gate SW  
Address

Winter Haven FL 33880  
City, State & Zip

(863) 604 5569  
Daytime Telephone number

amichel1998@yahoo.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: Winter Haven First Haitian Church of God, INC.

## ARTICLE II PRINCIPAL OFFICE

Principal street address:

1225 2nd Street N.E

Winter Haven FL 33881

Mailing address, if different is:

Winter Haven First Haitian Church of God

P.O. Box 3666

Florence Villa FL 33885

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Worship

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Election

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alex Michel (Pastor) Name and Title: \_\_\_\_\_

Address: 1844 Bishop's Gate Address: \_\_\_\_\_

Winter Haven FL

33880

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

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

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

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

15 AUG 28 AM 8:26

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:

Alex Michel

Address:

1844 Bishops Gate SW  
Winter Haven FL 33880

**ARTICLE VII INCORPORATOR**

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

Name:

Alex Michel

Address:

1844 Bishops Gate SW  
Winter Haven FL 33880

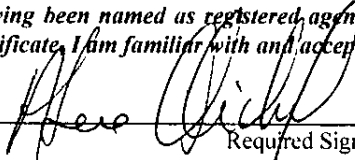
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 6/30/15 (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

6/30/15  
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

6/30/15  
Date