Misnn	008603
(Requestor's Name) (Address)	
(Address)	400275487554 \$7.50 08/04/1501015001
(Business Entity Name)	
Certified Copies Certificates of Status	EFFECTIVE DATE TALLAHASSEE
0ffice Use Only	
	SEP 1 0 2015

COVER LETTER

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

ehobo New Church Fellowship, Inc

Enclosed is an original and one (1), copy of the Articles of Incorporation and a check for :

\$70.00 Filing Fee

5 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, **Certified Copy** & Certificate

ADDITIONAL COPY REQUIRED

Kar. U.R. Name (Printed or type) onder FROM: 564 BiscayNe 33/81 mA Daytime Telephone number

...,

omcest net E-mail address: (to be used for

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 6, 2015

LILLIE M ROBINSON CONDESO 12864 BISCAYNE BLVD, #255 NORTH MIAMI, FL 33181

SUBJECT: REHOBOTH NEW CHURCH FELLOWSHIP, INC. Ref. Number: W15000053099

We have received your document for REHOBOTH NEW CHURCH FELLOWSHIP, INC. and your check(s) totaling \$87.50. 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.

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Teresa Brown Regulatory Specialist II

Letter Number: 415A00016614

· · · ·	
• ARTICLES OF INCORP	
In compliance with Chapter 617, F.S	Where Fellowship Inc.
ARTICLE I NAME The name of the corporation shall be: <u>NGNODOTH</u> <u>M</u>	where terrows",
ARTICLE II PRINCIPAL OFFICE	Inc.
Principal street address:	Mailing address, if different is:
12864 Biscaque	13/vd
# # 265	·
North M. Ani, FL.	33181
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
DUR Purpose is to proch	
grap hist rellowship,	EVAngelistic Dutreach.
	eating (spiritually) Comfort
Minister, to the destitute.	training Somely (55:stance.
as able in the love of	CARIST
· · · · · · · · · · · · · · · · · · ·	
ARTICLE IV MANNER OF ELECTION The manner in which the dire	ctors are elected and appointed: Directors
and bikingers elections	as it will be listed
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Funder Pressie July M. Rubinson Conderme and Title	r 1 r 1
Address 12864 Biscayne Blod Address:	
#255	EFFECTIVE DATE
North Mirmi FL.33181	7-30-15
Name and Title: Name and Title:	
Address Address:	
	ZUIS AUG -4
Name and Title: Name and Title:	rrf
Address Address:	
	a co

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Name and Title:			
	Address:		
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·		·····	
Name and Title:	Name and Title:		
	Address:		
ARTICLE VI REGISTERED /		red egent in	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Name: Lillig M. Robinson-Condeso			
Address: 12664	Biscayne Blvd.		
North n	liam: FL 33181		
	<u> </u>		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:			
Name: Liffic M. Rubinson-Condeso Address: 12864 Biscaphe Blid. #255 North MiAMI, FL. 33181			
Address: 12864 BIS Capte Blil. 4255			
North	MiAMI, FL3318	1	
<u>ARTICLE VIII EFFECTIVE DATE:</u> Effective date, if other than the date of filing: $\frac{b7/30/2015}{}$. (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			
N. Nr. Hillie M. MODINSOn Condesso, F. P. U. 130/2018 Required Signature of Registered Agent Date			
1			

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 Departmentpf State constitutes a third degree felony as provided for in s.817.155, F.S.

Rev. Ar. Lillie M. MOBINSON Conders

<u>30/2015</u> D