

N15000009012

(Requestor's Name)

(Address)

(Address)

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2015 SEP -8 PM 1:25

SECRETARY OF STATE
ATLANTA, GEORGIA

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COVER LETTER

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

SUBJECT: Ministerio Shaddai, 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: Josiane L. Rubert

Name (Printed or typed)

907 Gwendolynn Street

Address

Avon Park, FL 33825

City, State & Zip

863/243-8778

Daytime Telephone number

shaddanei@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: Ministerio Shaddai, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
907 Gwendolynn Street

Mailing address, if different is:

Avon Park, FL 33825

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A Non profit Ministry to provide Spiritual Assistance as well as
Material Assistance (clothes) and Help with Social Assistance to the community of Avon Park.

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Victor M. Rubert- President

Name and Title: Josiane L. Rubert- Secretary/Treasurer

Address 907 Gwendolynn Street
Avon Park, FL 33825

Address: 907 Gwendolynn Street
Avon Park, FL 33825

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Josiane L. Rubert

Address: 907 Gwendolynn Street
Avon Park, FL 33825

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Victor M. Rubert

Address: 907 Gwendolynn Street
Avon Park, FL 33825

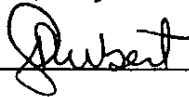
ARTICLE VIII EFFECTIVE DATE: 09/01/2015

Effective date, if other than the date of filing: _____ (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

09/01/2015

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

09/01/2015

Date