

WISCONSIN 11109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

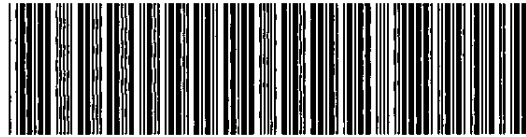
Special Instructions to Filing Officer:

Office Use Only

WISCONSIN 43792

NOV 18 2015

T. SCOTT



300274034083

06/22/15--01001--013 **78.75

15 NOV -2 AM 10:40

RECEIVED

15 NOV -2 PM 12:14

SECRET
TALLAHASSEE, FLORIDA

October 28, 2015

Department of State
Division of Corporations
P.O. Box 327
Tallahassee, F 32314

Re: Arpa de David Corp Document No. W15000043792

Attached is the corrected submission of the Articles of Incorporation: the new original and one copy. (The one that was returned to us was apparently lost in the mail, since we have no sign of its return.) The check in the amount of \$78.75 was sent in with the original paperwork on June 17, 2015 and has cleared the bank.

After speaking with one of your representatives, I was told that in the absence of the original Articles, a new form could be completed making the necessary correction. Article IV "Manner of Election" has been addressed, as well as the directors being named.

If you have any further concern, please feel free to contact me at (786) 389-1463.

Sincerely,

Maikel Delgado

COVER LETTER

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

SUBJECT: ARPA DE DAVID CORP. Document # W15000043792

(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: Maikel Delgado

Name (Printed or typed)

7420 S.W. 153rd Ct.

Address

Miami, FL 33193

City, State & Zip

(786) 389-1463

Daytime Telephone number

ministerioarpadedavid@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: ARPA DE DAVID CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
7420 S.W. 153rd Ct.

Miami, FL 33193

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
to musically evangelize for the purpose of bringing others to a saving knowledge of Jesus Christ.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as stated in By-Laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maikel Delgado Name and Title: _____

Address 7420 S.W. 153rd Ct. Address: _____

Miami, FL 33193

President/Director

Name and Title: Rebeca Delgado Name and Title: _____

Address 7420 S.W. 153rd Ct. Address: _____

Miami, FL 33193

Vice President/Corp. Secy./Director

Name and Title: Noel Delgado Name and Title: _____

Address 7420 S.W. 153rd Ct. Address: _____

Miami, FL 33193

Director

15 NOV -2 AM 10:40

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: Maikel Delgado
Address: 7420 S.W. 153rd Ct.
Miami, FL 33193

ARTICLE VII INCORPORATOR

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

Name: Maikel Delgado
Address: 7420 S.W. 153rd Ct.
Miami, F: 33193

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6/25/2015. (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.)

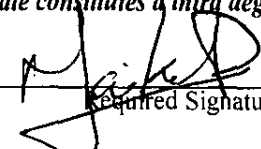
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/28/15
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

10/28/15
Date