MOUCOUOPAS

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	

Office Use Only

WALMS



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01/06/16--01009--004 **78.75

16 FEB 24 PM 4: 16

FEB 2 5 2016 S. GILBERT

MELBOURNE ASSEMBLY OF THE BODY OF CHRIST CHURCH, INC. PO BOX 101384 PALM BAY, FL 32910

January 4, 2016

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Division of Corporations Secretary of State The Capitol Tallahassee, FL 32304

Dear Sir:

Enclosed is the Articles of Incorporation for Melbourne Assembly of the Body of Christ Church, Inc., at PO Box 101384, Palm Bay, FL 32910 together with a check in the amount of \$78.75 to cover the following filing fees:

Profit Corpo	\$ 35.00	
Certified Co	ору	8.75
Registered Agent Designation		<u>35.00</u>
	•	
Total	•	\$78.75

Thank you for your prompt attention to this filing.

Very truly yours,

Marlynne Tador

Enclosures: Articles (2)

Check



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 28, 2016

MARLYNNE TADOR P.O. BOX 101384 PALM BAY, FL 32910

SUBJECT: MELBOURNE ASSEMBLY OF THE BODY OF CHRIST CHURCH,

INC.

Ref. Number: W16000006143

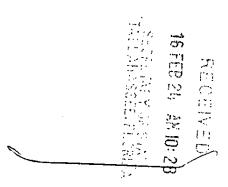
We have received your document for MELBOURNE ASSEMBLY OF THE BODY OF CHRIST CHURCH, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 016A00001912



COVER LETTER

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

UBJECT:	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)		
	· ·		
nclosed is an original ar	nd one (1) copy of the Artic	les 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 CO	PY REQUIRED
FROM: _	DOMENIC H. CALICCHI	A (Printed or typed)	_
	1520 BOTTLEBRUSH DR. NE		
-		Address	_
	PALM BAY, FL 32905		
•	C	ty, State & Zip	-
	Daytim	e Telephone number	-
p)	-mail address: (to be used for fu	ture annual report notification	on)

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

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

<u>ARTICLE II</u>	PRINCIPAL OFFICE	16 FFD ~
	Principal street address:	16 FEB 24 PM 4:
152	0 BOTTLEBRUSH DR. NE	Mailing address, if different is: PO BOX 101384 Mailing address, if different is: PO BOX 101384
PAI	LM BAY, FL 32905	PALM BAY, FL 32910
	for which the corporation is organized is:	OR RELIGIOUS WORSHIP AND TO OPERATE EXCLUSIVELY IN
UNDER SEC	CTION 501(c)(3) OF THE INTERNAL RE	VENUE CODE,
ADTICLE III	MANNED OF ELECTION. The	is by vote.
		er in which the directors are elected and appointed:
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	TORS
ARTICLE V Name and Tit		TORS Name and Title:
<i>RTICLE V</i> Name and Tit	INITIAL OFFICERS AND/OR DIRECTOR	TORS
Name and Tit	INITIAL OFFICERS AND/OR DIRECTOR le: MARLYNNE TADOR, DIRECTOR PO BOX 101384 PALM BAY, FL 32910	TORS Name and Title: Address:
ARTICLE V Name and Tit Address	INITIAL OFFICERS AND/OR DIRECTOR le: MARLYNNE TADOR, DIRECTOR PO BOX 101384 PALM BAY, FL 32910	TORS Name and Title: Address: Name and Title:
ARTICLE V Name and Tit Address	INITIAL OFFICERS AND/OR DIRECTOR le: MARLYNNE TADOR, DIRECTOR PO BOX 101384 PALM BAY, FL 32910	TORS Name and Title: Address: Name and Title:
Name and Tit Address	INITIAL OFFICERS AND/OR DIRECTOR le: MARLYNNE TADOR, DIRECTOR PO BOX 101384 PALM BAY, FL 32910	TORS Name and Title: Name and Title:
Address Name and Tit Address	INITIAL OFFICERS AND/OR DIRECTOR le: MARLYNNE TADOR, DIRECTOR PO BOX 101384 PALM BAY, FL 32910	TORS Name and Title: Name and Title:

Name and Title:_		Name and Title:	
Address		Address:	
- -			
Name and Title:_		Name and Title:	
Address _		Address:	
_		<u> </u>	
_			
	REGISTERED AGENT orida street address (P.O. Box NOT a	acceptable) of the registered agent is:	
Name:	MARLYNNE TADOR	₹	
Address:	1520 BOTTLEBRUSH	DR. NE	
ridaress.	PALM BAY, FL 329	005	
	INCORPORATOR Idress of the Incorporator is: MARLYNNE TADOF	₹	
Address:	PO BOX 101384		
Address.	PALM BAY, FL 329	10	
Effective date, if		RUARY 8, 2016. (OPTIONAL) c and cannot be more than five business days	prior or 90 business days
	inserted in this block does not meet the tive date on the Department of State's	ne applicable statutory filing requirements, this de records.	ate will not be listed as the
		vice of process for the above stated corporation ent as registered agent and agree to act in this ca	
71-	Required Signature of Regist	ered Agent	Date
	iment and affirm that the facts stated t of S tate constitutes a third degree fel	herein are true. I am aware that any false inform ony as provided for in s.817.155, F.S.	nation submitted in a document
7	Required Signature of I	ncorporator	Date
(