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T SCHROEDER

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 084597 8090735

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : March 31, 2016

ORDER TIME : 3:18 PM

ORDER NO. : 084597-001

CUSTOMER NO: 8090735

DOMESTIC FILING

NAME: CASTLE CHURCH FAITH COMMUNITY  
INC.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP  
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: CASTLE CHURCH FAITH COMMUNITY INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1735 Saint Tropez Ct.

Mailing address, if different is:  
1735 Saint Tropez Ct.

Kissimmee, FL 34744

Kissimmee, FL 34744

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: WORD AND SACRAMENT MINISTRY

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: AS PROVIDED FOR IN THE BYLAWS

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: AARON C SCHMALZLE, DIRECTOR

Name and Title: JARED WITT (DIRECTOR)

Address: 1735 SAINT TROPEZ CT.

Address: 3015 AUTUMNWOOD TRL

KISSIMMEE, FL 34744

APOPKA, FL 32703

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

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

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

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

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

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

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

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

16 APR -5 AM 9:55

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

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

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

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

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: TREVOR K. BREWER

Address: BrewerLong PLLC 620 N Wymore Rd. Ste 270  
Maitland, FL 32751

16 APR -5 AM 9:55

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: AARON C SCHMALZLE

Address: 1735 SAINT TROPEZ CT.  
KISSIMMEE, FL 34744

**ARTICLE VIII EFFECTIVE DATE:**

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*

By: Trevor K. Brewer   
Required Signature of Registered Agent

3/31/16  
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.*

Aaron C. Schmalzle   
Required Signature of Incorporator

3/31/16  
Date