

N16000009155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

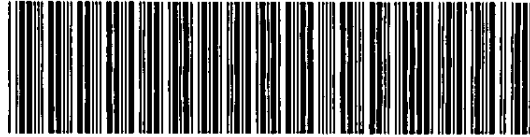
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000288195300

07/28/16--01004--008 **78.75

SEP 12 2016
16 SEP 12 AM 10:39
TALLAHASSEE, FLORIDA

~~W/51854~~

704
9/17/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2016

DR. OTTO F. VON FEIGENBLATT
17356 89TH PLACE NORTH
LOXAHATCHEE, FL 33470

SUBJECT: ST. GABRIEL INSTITUTE OF DIPLOMATIC STUDIES, INC.
Ref. Number: W16000054854

We have received your document for ST. GABRIEL INSTITUTE OF DIPLOMATIC STUDIES, 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):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

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.

TANYA L HENDERSON
Regulatory Specialist II

Letter Number: 516A00016675

16 SEP 12 PM 4:05

16 SEP 12 AM 10:39
RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

SEP 11 2016

COVER LETTER

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

SUBJECT: St. Gabriel Institute of Diplomatic Studies, 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: Dr. Otto F. von Feigenblatt

Name (Printed or typed)

17356 89th Place North

Address

Loxahatchee, Florida, 33470

City, State & Zip

5618600377

Daytime Telephone number

journalalternative@hotmail.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: St. Gabriel Institute of Diplomatic Studies incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:
17356 89th Place North,
Loxhatchee, Florida, 33470

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide religious training online in diplomacy, non-violent conflict resolution and development studies.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: ~~By vote~~

election once a year

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Otto F. von Feigenblatt, ~~President~~ Director

Address: 17356 89th Place North,
Loxahatchee, Florida, 33470

Name and Title: Amb. William Hans Weiss, ~~President~~ Director

Address: Consulate General of Malta, Washington
Duvall, 98019, WA

Name and Title: Amb. Jesus Domingo, ~~Chairman~~ Director

Address: 50 Hobson Street, Wellington 6011
New Zealand

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

16 SEP 12 AM 10:39
FILED
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

SEP 12 2012

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: Dr. Otto F. von Feigenblatt
Address: 17356 89th Place North
Loxahatchee, Florida, 33470

ARTICLE VII INCORPORATOR

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

Name: Dr. Otto F. von Feigenblatt
Address: 17356 89th Place North
Loxahatchee, Florida, 33470

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

Dr. Otto F. von Feigenblatt
Required Signature of Registered Agent

July 27, 2010
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.

Dr. Otto F. von Feigenblatt
Required Signature of Incorporator

July 27, 2010
Date

FILED
16 SEP 12 AM 10:39
TALLAHASSEE, FLORIDA