

N17000005558

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

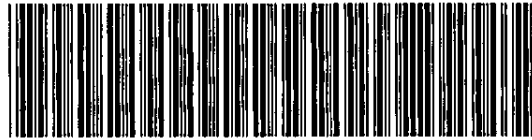
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MAY 25 2017



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FILED
17 MAY 24 ... 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2017

STANLEY W. MERANTUS
16197 NE 9TH CT
NORTH MIAMI BEACH, FL 33162

SUBJECT: INVISIBLE DIVINE, INC.
Ref. Number: W17000043293

We have received your document for INVISIBLE DIVINE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 717A00010188

COVER LETTER

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

SUBJECT: Invisible Divine, 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: Stanley W. Merantus
Name (Printed or typed)

16197 NE 9th CT
Address

North Miami Beach, FL 33162
City, State & Zip

(786) 603-3842
Daytime Telephone number

Stanley M@ InvisibleDivine.org
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: Invisible Divine, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

16197 NE 9th CT

North-Miami Beach

FL, 33142

Mailing address, if different is:

P.O. Box 695318

Miami, FL 33269

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: (1) to share the Good News through gathering,
fellowshipping, and evangelizing, (2) and empowering the youth in furthering their knowledge
to a higher education.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Nomination
by the President as set forth in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Stanley W. Merantus, P.

Address

P.O. Box 695318

Miami, FL 33269

Name and Title:

A.

Lynn Gaffard, V.P.

Address:

P.O. Box 695318

Miami, FL 33269

Name and Title:

Sylvia M. Merantus, S.

Address

P.O. Box 695318

Miami, FL 33269

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

FILED
17 MAY 24 PM 1:00
TALLAHASSEE, FLORIDA

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: Stanley W. Merantus

Address: 16197 NE 9th CT

NMB, FL 33162

ARTICLE VII INCORPORATOR

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

Name: Stanley W. Merantus

Address: P.O. Box 695318

Miami, FL 33269

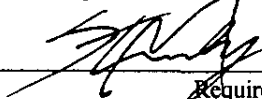
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

05/15/2017

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

05/15/2017

Date

FILED
17 MAY 24 ... 1:00
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA