

N170000007379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

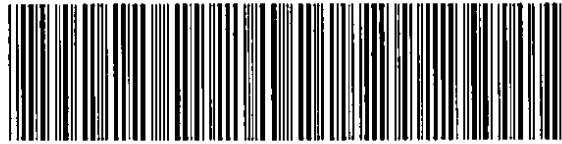
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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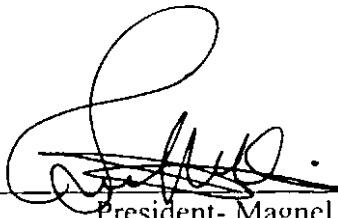
17 JUL 16 AM 11:11
STATE
FLORIDA

07/17/17

AUTHORIZATION STATEMENT

July 6, 2017

I Magnel Lumene Am The Owner / President Of Yahweh Shammah Worship Center, Inc I Have
No Intention Of Reinstating The Dissolved Corporation.



President- Magnel Lumene

President

Magnel Lumene

Phone: (561)- 503-8785

2221 Ne 1st Ave

Pompano Beach, Fl 33060

17 JUL 16 AM 11:11
CLERK OF DISTRICT COURT
STATE OF FLORIDA

COVER LETTER

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

SUBJECT: YAHWEH SHAMMAH WORSHIP CENTER 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: MAGNEL LUMENE

Name (Printed or typed)

2221 NE 1ST AVE

Address

POMPANO BEACH, FL 33060

City, State & Zip

561-503-8785

Daytime Telephone number

lumenemagnel87@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: YAHWEH SHAMMAH WORSHIP CENTER INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:

2221 NE 1ST AVE POMPANO BEACH, FL 33060

Mailing address, if different is:

" SAME"

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: NON-PROFIT WORSHIP CENTER

17 JUL 14 AM 11:11
CLERK OF COURT
STATE
FLORIDA

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: VOTE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAGNEL LUMENE

Name and Title: N/A

Address PRESIDENT (title)

Address:

2221 NE 1ST AVE

POMPANO BEACH, FL 33060

Name and Title: N/A

Name and Title: N/A

Address

Address:

Name and Title: N/A

Name and Title: N/A

Address

Address:

Name and Title: N/A Name and Title: N/A

Address: _____ Address: _____

Name and Title: N/A Name and Title: N/A

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: LANISE TELCIUS
Address: 2221 NE 1ST AVE
POMPANO BEACH, FL 33060

17 JUL 14 AM 11:11
DEPT. OF STATE
FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MAGNEL LUMENE
Address: 2221 NE 1ST AVE
POMPANO BEACH, FL 33060

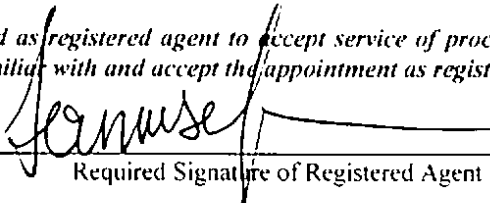
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/06/2017 (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.

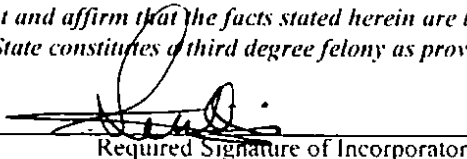
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

07/06/2017

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

07/06/2017

Date