

N18 000 001 364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

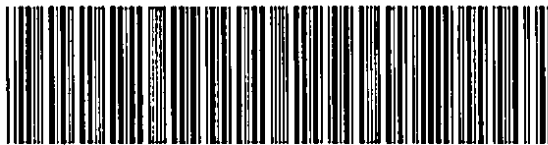
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400308530854

02/02/18--01015--008 **87.50

FILED
18 FEB -2 AM 7:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

FEB 08 2018

COVER LETTER

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

SUBJECT: Divine Savior Ministries ~~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: Carlos Leyrer
Name (Printed or typed)

10311 NW 58th St
Address

Doral, FL 33178
City, State & Zip

3055974545
Daytime Telephone number

carlos.leyrer@divinesaviorministries.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 Divine Savior Ministries Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address: 10311 NW 58th St _____ Doral, FL 33178 _____ _____	Mailing address, if different is: _____ _____ _____
--	--

ARTICLE III PURPOSE To serve as a governing body for Divine Savior Academy and Divine Savior C
The purpose for which the corporation is organized is: _____

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____ Directors and/or office

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlos Leyrer - President _____ Address: 10311 NW 58th St. _____ Doral, FL 33178 _____	Name and Title: _____ _____ Address: _____ _____ _____
---	--

Name and Title: Dana Kirchoff - Vice President _____ Address: 10311 NW 58th St. _____ Doral, FL 33178 _____	Name and Title: _____ _____ Address: _____ _____ _____
--	--

Name and Title: Tim Biesterfeld - Head of Schools _____ Address: 10311 NW 58th St. _____ Doral, FL 33178 _____	Name and Title: _____ _____ Address: _____ _____ _____
---	--

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 FEB -2 AM 7:03
FILED

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: Ileana Ortiz
Address: 10311 NW 58th St.
Doral, FL 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carlos Leyrer
Address: 10311 NW 58th St
Doral, FL 33178

FILED
18 FEB -2 AM 7:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

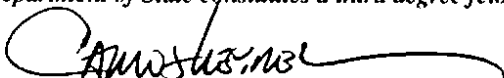


Required Signature of Registered Agent

01/25/2018

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

01/25/2018

Date