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119000086618



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2019

DESIRE HUERTAS
1904 CONWAY ROAD, #224
ORLANDO, FL 32812

SUBJECT: GOD MISFITS, INC.
Ref. Number: W19000086618

We have received your document for GOD MISFITS, 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):

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 the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 019A00019855

Desire Huertas
1904 Conway Road, #224
Orlando, FL 32812

October 16, 2019

VIA US Postal Regula Mail

Tyrone Scott
Regulatory Specialist II
New Filings Section
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Subject: God Misfits, Inc.
 Ref. Number: W19000086618

Dear Mr. Scott:

Please find enclosed the corrected original and one copy of our Articles of Incorporation together with your letter dated October 3, 2019 in order for the filing to be completed and process.

Should you have any questions, please feel free to contact me at 407.300.8497.

Sincerely,



Desire Huertas

DH
Enclosures (Original and copy of Articles of Incorporation)

COVER LETTER

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

SUBJECT: God Misfits, 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: Desire Huertas

Name (Printed or typed)

1904 Conway Road, # 224

Address

Orlando, FL 32812

City, State & Zip

407-300-8497

Daytime Telephone number

Godmisfits@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: God Misfits, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1904 Conway Road, #224

Orlando, FL 32812

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To help restore and assist the unfortunate, abused and neglected children become useful citizens in their community.

To bring the love of the Lord Jesus to those who have lost hope and can't find their way back to become functional through
the Word of God and His Abundant love.

To do evangelistic outreaches to single mothers, fathers, grandparents, homeless, women and men from prison to live a restored
life through Jesus Christ our Lord.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As stated by bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Desire Huertas, President

Name and Title: _____

Address: 1904 Conway Road, #224
Orlando, FL 32812

Address: _____

Name and Title: Noemi Soto, Board of Director

Name and Title: _____

Address: 1904 Conway Road, #224
Orlando, FL 32812

Address: _____

Name and Title: Wendy Gonzalez, Board of Director

Name and Title: _____

Address: 518 One Center Blvd., #311
Altamonte Springs, FL 32714

Address: _____

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TALLAHASSEE, FL 32304

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: Desiree Huertas
Address: 1904 Conway Road, #224
Orlando, FL 32812

ARTICLE VII INCORPORATOR

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

Name: Desire Huertas
Address: 1904 Conway Road, #224
Orlando, FL 32812

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

8/25/19

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

8/25/19

Date