

N21000008771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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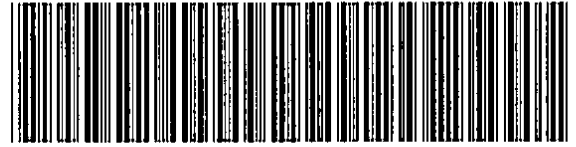
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 JUL 13 PM 3:22

FILED

21 JUL

# COVER LETTER

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

**SUBJECT:** FIRST RESTORATION CHURCH OF FLORIDA 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:** LOVETTE DOBSON  
Name (Printed or typed)

17350 STATE HWY 249 #220  
Address

HOUSTON, TX 77064  
City, State & Zip

888-462-3453  
Daytime Telephone number

EFILE1234@INCFIL.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: FIRST RESTORATION CHURCH OF FLORIDA INC

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address:

2514 ROYAL ST

FORT PIERCE, FLORIDA 34947

ST. LUCIE

Mailing address, if different is:

2514 ROYAL ST,

FORT PIERCE, FLORIDA 34947

ST. LUCIE

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

To work for the communities in florida. To help those in need of spiritual guidance. Church.

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**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: BY LAWS

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Felixalberto Rivera (DIRECTOR)

Address: 115 Ferncliff Rd,

Bloomfield NJ 07003

Name and Title: Paul Sandrini (DIRECTOR)

Address: 2514 Royal St,

Fort Pierce FL 34947

Name and Title: Mario Rotger (DIRECTOR)

Address: 535 16th St E,

Tifton GA 31794

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: PAUL ROBERT SANDRINI

Address: 2514 ROYAL ST

FORT PIERCE 34947

**ARTICLE VII INCORPORATOR**

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

Name: LOVETTE DOBSON

Address: 17350 STATE HWY 249 #220

HOUSTON, TX 77064

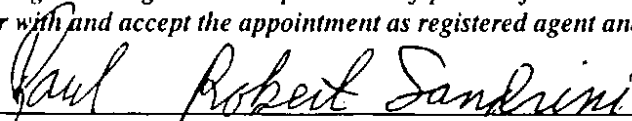
**ARTICLE VIII EFFECTIVE DATE:**

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.

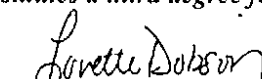
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature of Registered Agent

07/09/2021

\_\_\_\_\_  
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

07/09/2021

\_\_\_\_\_  
Date