

N22000004098Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : MAS INSURANCE & ACCOUNTING LLC
Account Number : I20170000039
Phone : (407)301-2659
Fax Number : (407)846-0320

22 APR 26 AM 8:42

DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: brenda.mas@aol.comFLORIDA PROFIT/NON PROFIT CORPORATION
JOHNNY ARTEAGA VR MINISTRIES INC

Certificate of Status	0
Certified Copy	0
Page Count	01
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DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

850-817-6381

4/13/2022 4:00:41 PM PAGE 1/001 Fax Server



April 13, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MAS INSURANCE & ACCOUNTING LLC

SUBJECT: JOHNNY ARTEAGA VR MINISTRIES, INC
REF: W22000049474

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.


The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please complete Article IV. Choose either elected or appointed, or per the by-laws of the company.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H22000132519
Letter Number: 922A00008627

 **DEPARTMENT OF THE TREASURY**
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 12-15-2021

Employer Identification Number:
87-4000970

Form: SS-4

Number of this notice: CP 575 E

JOHNNY ARTEAGA VR MINISTRIES
2804 OSPREY COVE APT 103
KISSIMMEE, FL 34746

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 87-4000970. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

COVER LETTER

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

SUBJECT: JOHNNY ARTEAGA VR 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: YONNY ARTEAGA

Name (Printed or typed)

2804 OSPIREY COVE APT 103

Address

KISSIMMEE FL 34746

City, State & Zip

4075696712

Daytime Telephone number

NDFAPOPKA@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 NAMEThe name of the corporation shall be: JOHNNY ARTEAGA VR MINISTRIES, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address:2804 OSPREY COVE APT 103KISSIMMEE FL 34746

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ALL LAWFUL ACTSincluding
church, religious, ministry purposes
to spread the word of God.**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

appointed.**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: YONNY ARTEAGA CORREA (P)

Name and Title: _____

Address 2804 OSPREY COVE APT103

Address: _____

KISSIMMEE FL 34746

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

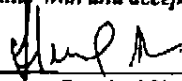
Address _____ Address: _____

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: YOHNNY ARTEAGA CORREAAddress: 2804 OSPREY COVE APT 103KISSIMMEE FL 34746**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:Name: YOHNNY ARTEAGA CORREAAddress: 2804 OSPREY COVE APT 103KISSIMMEE FL 34746**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 04/12/2022 (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

04/12/2022

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

04/12/2022

Date