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## COVER LETTER

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

SUBJECT: El Shaddai Worship Center, Incorporated.
(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

.75 🗆 \$87.50

Filing Fee & Certified Copy

Filing Fee. Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Etienne MAXE

5331 SW 140 Terrace

MIRAMAY FL 33027

954-743-9438

Daytime Telephone number

Ptennemaxe@aol.Com
E-mail address: (to be used for future annual report notification)

9 JAN 24 PH 12: 13

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: E   ShADDA	WORShip Center, Incorporate
ARTICLE II PRINCIPAL OFFICE	, ,
Principal <u>street</u> address: 10 NW 85 Street Miami Fl 33150	Mailing address, if different is: 5331 SW 140 TErrace MIRAMAR FL 33027
The purpose for which the corporation is organized is: This we give Praise and Glo m Fridays and Sundays.  to help others in the Corporation from the Corporation from the homeless Can.	Ry to our God especially we are also dedicated
ARTICLE IV MANNER OF ELECTION The manner in which were elected by VO+E.  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	n the directors are elected and appointed: They
Name and Title: MAKE ETIENNE, PASTORNAME a  Address  MIRAMAR FL  33027  Name and Title: URmene Pierre Name a  Address  MIRAMAY Fl 33027	ice President
Name and Title: ERMITTA TOHNSON Name and Address  Address  MIAMIFI 33150	

Name and Title:_		Name and Title:	<del></del>			
Address		Address:				
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Name and Title:		Name and Title:				
Address	·	Address:			_	
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. D						
AKIICLE VI — I The name and Flo	<u>REGISTERED AGENT</u> o <mark>rida street address</mark> (P.O. Box NOT acce	ptable) of the registered	agent is:			
	MAXE Etipnne	)				
Name:		<del>-</del>				
Address:	5331 SW 140 TE	rrace				
	MIRAMAY FI 330	27				
	INCORPORATOR dress of the Incorporator is:					
ine <u>name and ad</u>	MAXE Etienne					
Name:						
Address:	5331 SW 140 TE	Prrace				
	Miramar fl 33	027				
		<del></del>				
<u>ARTICLE VIII</u> Effective date, if c	EFFECTIVE DATE: other than the date of filing:		(OPTIONAL)			
	ate is listed, the date must be specific at			or 90 days aft	er the fi	iling.)
	inserted in this block does not meet the apive date on the Department of State's reco		g requirements, thi	is date will not	be listed	l as the
	ned as registered agent to accept service imiliar with and accept the appointment a				e design	ated in this
	1000	2		1/20/	74 J	3
	Taxe Acquired Signature of Registered	Agent	_	1/20/2 Date	$\chi U \chi$	2
	ment and affirm that the facts stated herei State constitutes a third degree felony,as	n are true. I am aware		mation submitt	ted in a c	locument to
ine r-epiniment ty	$\sim$ $\sim$ $\sim$			100/0	<u> </u>	>
	Axe Signature of Incor	porator	-	1/20/2	(io)	)
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