

P10000046910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

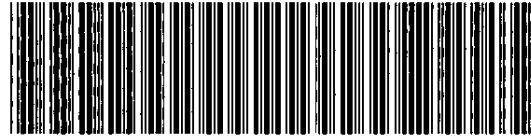
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/01/10--01051--011 **70.00

APPROVED
AND
FILED
10 JUN - 1 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/13/10

COVER LETTER

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

SUBJECT: PUBLISHING GODS WAY INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: BONNIE BETH ROSATI

Name (Printed or typed)

9135 SE 170th FONTAINE ST

Address

THE VILLAGES FL 32162-3819

City, State & Zip

352-391-1959

Daytime Telephone number

PUBLISHINGGODSWAY@YAHOO.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

AFFIDAVIT

BE IT ACKNOWLEDGED THAT I Bonnie Beth Rosati, the undersigned, being of legal age and sound mind, does hereby depose and say under oath as follows:

I, being the same entity to submit prior filing of Publishing Gods Way Inc. (P0000039580) hereby submit this affidavit:

Per the enclosed paperwork, please process as I have no intention of revoking this dissolution for this reason: This was set up "with errors", thereby, I ask that the Dissolution be processed, thereby, releasing the name so that I may reuse immediately for the enclosed re-filing.

I affirm that the foregoing are true statements, based on information that I believe to be true.

Witness my hand under the penalties of perjury this: _____ day of _____ year

Bonnie Rosati
Signature

5/26/10
Date

Sandra L. Turner
Witness Signature

[Signature]
Witness Signature

STATE OF Florida
COUNTY OF Marion

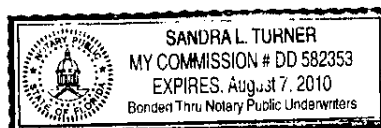
On 5/26/10 before me, Sandra L. Turner, personally appeared Bonnie B. Rosati, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity and that by her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

Signature Sandra L. Turner
Sandra

Affiant _____ Known ☒ unknown

ID Produced FL Drivers Lic
seal



ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

PUBLISHING GODS WAY INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

9135 SE 170th FONTAINE ST
THE VILLAGES FL 32162-3819

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
FOR ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:
THREE THOUSAND SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

PVPST BONNIE BETH 9135 SE 170th FL 32162-3819
ROSATI FONTAINE ST
THE VILLAGES

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

GODS BUILDING FUND INC
9135 SE 170th FONTAINE ST
THE VILLAGES FL 32162-3819

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GODS BUILDING FUND INC
9135 SE 170TH FONTAINE ST
THE VILLAGES FL 32162-3819

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

Bonnie Rosati

Signature/Registered Agent

05/28/10

Date

Bonnie Rosati

Signature/Incorporator

05/28/10

Date

FILED
10 JUN -1 11 25 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA