

12000046476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

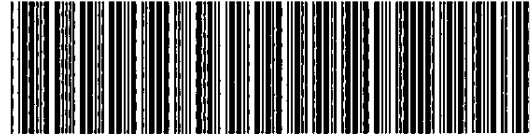
(Business Entity Name)

(Document Number)

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2012 MAY 17 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 18 2012
w12-25460
6a1



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2012

BEATRIZ HERRERA
365 S ARBOLEDA ST
CLEWISTON, FL 33440

SUBJECT: LIFE CHRISTIAN BOOK CENTER, INC.
Ref. Number: W12000025460

We have received your document for LIFE CHRISTIAN BOOK CENTER, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 612A00013728

COVER LETTER

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

SUBJECT: Life Christian Book Center 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: Beatriz Herrera

Name (Printed or typed)

365 S. Arboleda Street

Address

Clewiston, Florida 33440

City, State & Zip

(305) 785-8157

Daytime Telephone number

lifechristianbookcenter@gmail.com

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

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

2012 MAY 17 AM 9:30
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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

Living Water Christian Book Center Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
365 S. Arboleda Street
Clewiston, Florida 33440

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To meet the need of the customer and help them increase their knowledge with materials to sustain their faith and help their spiritual growth in Jesus Christ.

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Beatriz Herrera President

Address: 365 S. Arboleda Street
Clewiston, Florida 33440

Name and Title: Juan Carlos Herrera Manager

Address: 365 S. Arboleda Street
Clewiston, Florida 33440

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Beatriz Herrera
Address: 365 S. Arboleda Street
Clewiston, Florida 33440

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Beatriz Herrera
Address: 365 S. Arboleda Street
Clewiston, Florida 33440

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

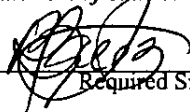


Required Signature/Registered Agent

05/15/2012

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

05/15/2012

Date

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SECRETARY OF STATE