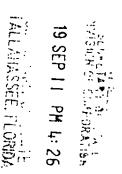
P19000071135

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

SEP 18 2019

300332889263





August 26, 2019

LUIS A FLORES 3011 MERRIT ROAD APOPKA, FL 32703

SUBJECT: EBENEZER 7, INC. Ref. Number: W19000078658

We have received your document for EBENEZER 7, 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 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.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

Please return 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.

Keyna E Page Regulatory Specialist II

Letter Number: 919A00017555

COVER LETTER

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

SUBJECT: Ebenez	er 7, INC		
5000De1	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
England or on ori	vinal and ano (1) some of the art	iales of incompration and	La abaok for:
Enclosed are all on	ginal and one (1) copy of the art	icles of incorporation and	i a cileck for.
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	
EDOM Lu	is A. Flores		
FROM:	Name	e (Printed or typed)	
30	11 Merrit Rd		
		Address	
	1 73 2000		
Ар	opka, Fl 32703		
	City,	State & Zip	
40	7-459-3444		
	Daytime T	elephone number	
ЕЬ	enezer1996@yahoo.com		
	E-mail address: (to be use	d for future annual report i	notification)

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

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

The name of the corpo	Ebenezer 7, INC pration shall be:	· · · · · · · · · · · · · · · · · · ·	
<u>ARTICLE II PRI</u>	NCIPAL OFFICE Principal <u>street</u> address	Mailing add	ress, if different is:
3011 Merrit Rd			
Apopka, Fl 32703		 	
ARTICLE III PUR	RPOSE		
	th the corporation is organized is:		
		•	
	 	-	
ARTICLE IV SHA	1RES of stock is:		
The number of snares	OI Stock IS.		
ARTICLE V INI	TIAL OFFICERS AND/OR DIRECTO	<u>&</u>	
Name and T	itle: Luis A. Flores (President)	Name and Title	
	3011 Merrit Rd		
Address	Apopka, FI 32703	Address:	
			<u> </u>
			<u> </u>
			F D ASS
Name and Ti	tle;	Name and Title:	
Address		Address:	- P 3e
			9 F (*)
			26 A
			
Nama and Ti	tle:	Name and Title:	
Name and 11		Name and Title	
Address		Address:	
Address			

Name an	id Title:	Name and Title:	
Address		Address:	
			
	REGISTERED AGENT		
The name and F Name:	lorida street address (P.O. Box NOT accep Luis A. Flores	otable) of the registered agent is:	
Address:	3011 Meritt Rd		NVISIO
	Apopka, Fl 32703		SEP I
ARTICLE VII	<u>INCORPORATOR</u>		VISION OF COMPONING ACTION 19 SEP 11 PM 4: 26 ALLAHASSIEL HEORIDA
The name and a	ddress of the Incorporator is:		
Name:	Luis A. Flores		₽ 26 34
Address:	3011 Meritt Rd	<u>-</u>	
	Apopka, Fl 32703		
Effective date, if	EFFECTIVE DATE: Other than the date of filing: date is listed, the date must be specific an		
	e inserted in this block does not meet the ap effective date on the Department of State's i		s, this date will not be listed as
	med as registered agent to accept service of am familiar with and accept the appointme		
Puil	A. Flores		August 16, 2019
	Required Signature/Registered A	gent	Date
	cument and affirm that the facts stated he Department of State constitutes a third deg		
Luin	A. Flores		August 16, 2019
Requ	ired Signature/Incorporator	 	Date

Name and	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acc Luis A. Flores	eptable) of the registered agent is:	
Name:	3011 Merrit Rd		
Address:	Apopka, Fl 32703		
	Арорка, 1132703		
ARTICLE VII	<u>INCORPORATOR</u>		19 SEP II PH 4: 26
The name and ac	Idress of the Incorporator is:		NSSA 11
Name:	Luis A. Flores		F
Address:	3011 Merrit Rd		
	Apopka, Fl 32703	<u> </u>	夢 た 26
Effective date, if (If an effective d filing.) Note: If the date	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific a	and cannot be more than five days particularly and cannot be more than five days particularly filing requirements	prior or 90 days after the
the document's e	ffective date on the Department of State's	s records.	
	ned as registered agent to accept service am familiar with and accept the appointn		
			September 6, 2019
	Required Signature/Registered	Agent	Date
	ument and affirm that the facts stated h Department of State constitutes a third de		
			September 6, 2019
Requi	red Signature/Incorporator	·	Date