

P190000071135

(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

K PAGE

SEP 18 2019



300332889263

08/19/19--01043--016 +\$87.50

RECEIVED  
DIVISION OF CORPORATION  
19 SEP 11 PM 4:26  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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

2019 SEP 11 AM 11:02

RECEIVED

## COVER LETTER

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

**SUBJECT:** Ebenezer 7, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Luis A. Flores  
\_\_\_\_\_  
Name (Printed or typed)  
  
3011 Merrit Rd  
\_\_\_\_\_  
Address  
  
Apopka, FL 32703  
\_\_\_\_\_  
City, State & Zip  
  
407-459-3444  
\_\_\_\_\_  
Daytime Telephone number  
  
Ebenezer1996@yahoo.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 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be: Ebenezer 7, INC

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3011 Merrit Rd

Apopka, Fl 32703

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

### ARTICLE IV SHARES

The number of shares of stock is: 1

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luis A. Flores (President)

Name and Title: \_\_\_\_\_

Address 3011 Merrit Rd

Address: \_\_\_\_\_

Apopka, Fl 32703

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

RECEIVED  
DIVISION OF CORPORATIONS  
19 SEP 11 PM 4:26  
TALLAHASSEE, FLORIDA

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: Luis A. Flores  
Address: 3011 Meritt Rd  
Apopka, FL 32703

STATE OF FLORIDA  
DIVISION OF CORPORATION  
19 SEP 11 PM 4:26  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Luis A. Flores  
Address: 3011 Meritt Rd  
Apopka, FL 32703

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

Luis A. Flores  
Required Signature/Registered Agent

August 16, 2019  
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.*

Luis A. Flores  
Required Signature/Incorporator

August 16, 2019  
Date

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: Luis A. Flores \_\_\_\_\_

Address: 3011 Merrit Rd \_\_\_\_\_

Apopka, Fl 32703 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Luis A. Flores \_\_\_\_\_

Address: 3011 Merrit Rd \_\_\_\_\_

Apopka, Fl 32703 \_\_\_\_\_

STATE OF FLORIDA  
DIVISION OF CORPORATION  
19 SEP 11 PM 4:26  
TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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/Registered Agent

September 6, 2019

\_\_\_\_\_  
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

September 6, 2019

\_\_\_\_\_  
Date