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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	_	ration Secondary	ction orporations			
CUDIEC	T.	IGLESIA	DE DIOS RESTAURANDO	AL CAIDO II	NC	
SUBJEC	.1:_		Name of Corporati	ion – must in	clude suffix	
Dear Sir o	or Ma	ndam:				
Affairs in	Flor	ida", "Cei	ion by Foreign Not for Prof rtificate of Existence", or "t enced not for profit corporate	Certificate of	`Status" and checl	k are submitted to
Please reti	urn a	II corresp	ondence concerning this m	atter to the fo	ollowing:	
		JOSE A	. BURGOS, EA			
			Name o	of Person		100.00 11.00 1
		ΛCCOU	NTING & CONSULTING RE	ESOURCES		
			Firm/C	Company		
		7676 NEW HAMPSHIRE AVE. SUITE 109				
				ldress		ŽÓJĖ AUG SLICRETA JALLAHA
			City/State :	and Zip Code		SSEEL FLORING STATE 1.5 A 10: 13 THE PROPERTY OF THE PROPERT
For furthe	er inf	ormation	concerning this matter, plea	ase call:	·	<i>ကိ</i> ု တ၊
JOSE A .	BUR		of Person at	(301 (Area Code	408-0029 Daytime Telep	hone Number
Ro D P.	egist ivisi .O. B	ING AD	DRESS: ection porations			RIER ADDRESS: tion porations Center Circle
Enclosed	is a c	check for	the following amount:			
\$70.00) Fili	ng Fee	□\$78.75 Filing Fee & Certificate of Status		Filing Fee & ed Copy	■ \$87.50 Filing Fee, Certificate of Status Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

import in language as win the name at present. " IGLESIA DE DIOS RE	nust include the word "INCORPORATEI ill clearly indicate that it is a corporation Company" or "Co." may not be used as a	O" or "CORPORATION" o instead of a natural person	or words or abbreviation partnership if not	ions of like
	CTATIDANDO AL CAIDO ICORORIO	corporate surfix by a nonp	rotit corporation.)	
(If name unavailable in	STAURANDU AL CAIDO JESUCRIST	TO FUENTE DE VIDA		
(11 hame anavanable in	Florida, enter alternate corporate name a	adopted for the purpose of t	ransacting business i	n Florida)
MARYLAND	3.	90-0867815		
(State or country unde	er the law of which it is incorporated)	(FEI number	, if applicable)	
	5.	PERPETUAL		
(Date of In	ncorporation)	(Date of duration	, if other than perpet	ual)
08/01/2016				
(Date first conducted aff	airs in Florida if prior to registration. See se	ections 617.1501 & 617.150	02, F.S. to determine p	enalty liability.
18228 MUNCASTER	RD. DERWOOD, MD 20855			
	(Principal of	fice address)		
SAME AS LINE 7				
	(Current mailing ac	ddress, if different)		
	JRCH AND SPREAD THE GOSPEL OI			[501(c)(3)
(Purpose(s) of corporat	ion authorized in home state or country to	be carried out in the state	of Florida)_	
. Name and street addr	ress of Florida registered agent: (P.O.	Box NOT acceptable)	SECRETARIA	
Name: LILIAN	N AMANDA FLORES LOPEZ		ASS - 5	- Programme
Office Address: 112 O	PAL CHAMBERS LN			П
		, Florida ³²³²⁰		L 1
 -	(City)		(Zip Code)	-
10. Registered agent'			O	•

duties, and I am familiar with and accept the obligations of my position as registered agent.

further agree to comply with the provisions of all statutes relative to the proper and complete performance of my

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS President: CARLOS E. PONCE RIVERA	
President: 18228 MUNCASTER RD. DERWOOD, MD 20855	
	7. 23
LILIAN AMANDA FLORES LOPEZ Vice President:	<u> </u>
112 OPAL CHAMBERS LN. APALACHICOLA, FL 32320 Address:	SA CONTRACTOR
	max s m
JOSE RAMOS RAMIREZ Secretary:	1 6 G
177 AVENUE G, APALACHICOLA, FL 32320 Address:	<u> </u>
Treasurer:	
Address:	
NOTE: If necessary, your may attach an addendum to the application listing addition	onal officers and/or directors.
12 1	
(Signature of Chairman, Vice Chairman, or any officer listed in number	12 of the application)
CARLOS E. PONCE RIVERA (Typed or printed name and capacity of person signing an	nliantion)

STATE OF MARYLAND Department of Assessments and Taxation

I, HEIDI DUDDERAR OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT IGLESIA DE DIOS RESTAURANDO AL CAIDO, INCORPORATED JULY 11, 2012, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 10, 2016.

Heidi Dudderar

Associate Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice