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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Burch FEB 9 2011

COVER LETTER

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

SUBJECT: MINISTERIO INTERNACIONAL EL BUEN SAMARITANO
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: JAMES TAVAREZ
Name (Printed or typed)

Box 551387
Address

FT. LAUDERDALE, FL 33355
City, State & Zip

(954) 557-4466
Daytime Telephone number

J-TAVARE @ Bellsouth.NET
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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: MINISTERIO INTERNACIONAL EL BUEN SAMARITANO, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
12515 SW 7 PL
DAVIE, FL 33325

Mailing address, if different is:

PO Box 551387
FORT LAUDERDALE 33355

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized and operated exclusively for charitable purposes within the meaning of section 501(c)(3) of Internal Revenue Code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

As provided in the organization's By-Laws and Constitution

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEJANDRINA ROSA - CEO
Address: Box 551387
FT. LAUDERDALE, FL
33355

Name and Title: SAMUEL ROBLES - TREASURER
Address: Box 551387
FT. LAUDERDALE, FL
33355

Name and Title: JAMES TAVAREZ - President
Address: Box 551387
FT. LAUDERDALE, FL
33355

Name and Title: ELIZABETH TAVAREZ - Public Relations
Address: Box 551387
FT. LAUDERDALE, FL
33355

Name and Title: MARLOS FELICIANO - SECRETARY
Address: Box 551387
FT. LAUDERDALE, FL
33355

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: JAMES TAVAREZ
Address: 12515 SW 7 PL
DAVIE, FL 33325

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAMES TAVAREZ
Address: 12515 SW 7 PL
DAVIE, FL 33325

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

[Signature]
Required Signature of Registered Agent

2/3/11
Date

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

[Signature]
Required Signature of Incorporator

2/3/11
Date

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SECRETARY OF STATE
JAIL AND SEC. DIVISION