

N12000008457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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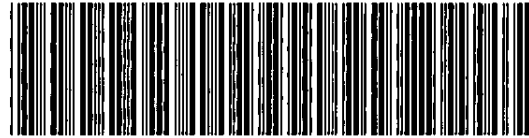
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

80235-213



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 14, 2012

RAMON CUEVAS  
112 HONEYWOOD DR  
KISSIMMEE, FL 34743

SUBJECT: CENTRO CRISTIANO SONIDO CELESTIAL  
Ref. Number: W12000032308

We have received your document for CENTRO CRISTIANO SONIDO CELESTIAL and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

If you have any further questions concerning your document, please call (850) 245-6052.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

Letter Number: 812A00016663

## COVER LETTER

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

SUBJECT: Centro Cristiano Sonido Celestial, Inc.  
(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: Ramon Cuevas  
Name (Printed or typed)

112 Honeywood Dr  
Address

Kissimmee, FL 34743  
City, State & Zip

321-437-4243  
Daytime Telephone number

ramonevassca@aol.com  
E-mail address: (to be used for future annual report notification)

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

# Affidavit of Corporation

Before me, the undersigned authority, personally appeared Ramon Cuevas  
hereinafter the affiant, who being duly sworn by me, on oath deposes and says:

1. Ramon Cuevas President of Centro Cristiano Sonido Celestial, INC will not revoke the dissolution of corporation that it dissolve on 05/14/2012.
2. I release the corporation name to be file by another entity sign and notarize and file with the non-profit articles.

State of Florida  
County of Osceola

## Witnesses:

[Signature]  
Signature

x Ramon Cuevas  
Affiant's signature

Ines Garcia  
Print Name

Ramon Cuevas  
Print Name

Sworn to and subscribed before me on the 31 day of May, 2012.

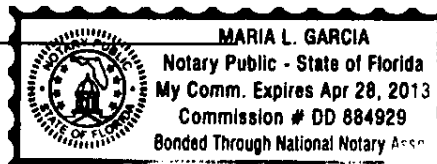
Affiant is personally known to me or has produced C120-721-83-101-0  
as identification.

Maria L Garcia  
Notary Public Signature

Maria L Garcia  
Print Name

State of Florida

My Commission Expires:



**Articles of Incorporation  
for  
Centro Cristiano Sonido Celestial, Inc.  
Not-for Profit**

**Article I**

The Name of the Corporation is:

CENTRO CRISTIANO SONIDO CELESTIAL, INC.

**Article II**

Principal Address of the Corporation is:

112 HONEYWOOD DR  
KISSIMMEE, FL 34743

**Article III**

The Purpose for which the corporation is organized is:

A CHURCH TO PRAISE GOD AND SERVE THE COMMUNITY AND ALL THE PEOPLE  
IN NEED OF SPIRITUAL GUIDANCE

**Article IV**

The Manner in which the directors are elected or appointed:

EVERYONE THAT HAS ACCEPTED JESUS CHRIST AS THEIR LORD AND SAVIOR  
AND HAS THE CAPABILITY TO SERVE AND HONOR THE CHURCH, THEY WILL BE  
ELECTED IN PRESENCE OF ONE OR MORE WITNESSES

**Article V**

The name and Florida Street address of the registered agent is

RAMON CUEVAS  
112 HONEYWOOD DRIVE  
KISSIMMEE, FL 34743

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TALLAHASSEE, FLORIDA

## Article VI

The initial Officer(s) and/director(s) of the corporation is/are:

Title P

RAMON CUEVAS  
112 HONEYWOOD DRIVE  
KISSIMMEE, FL 34743

Title VP

OCTAVIO ABREU  
4986 HEARTLAND ST  
ORLANDO, FL 32829

Title T

CANDIDA SANTOS  
112 HONEYWOOD LANE  
KISSIMMEE, FL 34743

## Article VII

The Name and Address of Incorporator is:

RAMON CUEVAS  
112 HONEYWOOD DRIVE  
KISSIMMEE, FL 34743

I certify that I am familiar with and accept the responsibilities of registered agent and agree to act in this capacity

Ramon Cuevas

Registered Agent Signature

8/21/2012  
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.

Ramon Cuevas

Incorporator Signature

8/21/2012  
Date:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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