

N14 000004571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

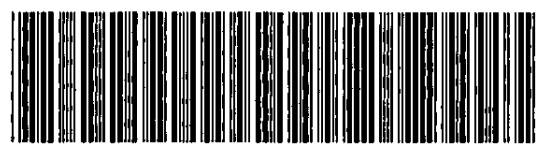
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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14 MAY -7 AM 11:59
DIVISION OF CORPORATIONS
SECRETARY OF STATE

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4/18/14
B WYWOOD 24902
B 5/13/14

COVER LETTER

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

SUBJECT: Mision La Cosecha Enterprise, 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: David Suarez
Name (Printed or typed)

1234 Easton St
Address

Orlando, FL 32825
City, State & Zip

407-902-6209
Daytime Telephone number

ablaze4life@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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Mision La Cosecha Enterprise, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
740 Debary Avenue

Enterprise, FI 32725

Mailing address, if different is:
1234 Easton St

Orlando, FI 32825

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Exclusively for charitable, scientific and educational purposes, as define in section 501(c)(3) of the Internal Revenue Code. These activities shall include but not limited to acquiring by gift and donation of funds to be donated to other charitable entities as defined in Section 501 (c) (3)

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria Lourdes Iglesias- Officer
Address: 1234 Easton St
Orlando, FL 32825

Name and Title: Sandra Suarez- Officer
Address: 3212 Sardinia Terrace
Deltona, FI 32738

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
14 MAY - 7 AM 11: 59

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: David Suarez

Address: 1234 Easton St

Orlando, Fl 32825

14 MAY - 7 AM 11: 59

SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Celine Iglesias

Address: 8007 Montezuma Trail

Orlando, Fl 32825

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

David Suarez
Required Signature of Registered Agent

5/3/2014
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.

Celine Iglesias
Required Signature of Incorporator

5/3/2014
Date