

N15000010834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

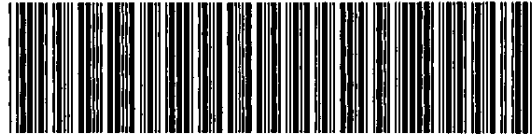
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV - 6 2015

T. BROWN

**COVER LETTER**

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

SUBJECT: CHRIST MIAMI CORP.  
(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: ALMILCA L. TRISTA  
Name (Printed or typed)

14246 SW 164 TERRACE  
Address

MIAMI FL 33177  
City, State & Zip

305.731.7457  
Daytime Telephone number

LAZARO@CHRISTMIAMI.DRG  
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: CHRIST MIAMI CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address:

14246 SW 164 TERRACE

MIAMI FL 33177

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: EXCLUSIVELY FOR CHARITABLE PURPOSES  
WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE  
CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX, FOR  
RELIEF OF THE POOR, HOMELESS, DISTRESSED OR UNDERPRIVILEGED.

DISSOLUTION: UPON DISSOLUTION OF THE CORPORATION, ASSETS SHALL BE DISTRIBUTED  
FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE  
INTERNAL REVENUE CODE.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: AS PROVIDED  
IN THE BYLAWS.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ALMILA L. TRISTA, PRESIDENT Name and Title: ALEX O NIETO, SECRETARY/DIRECTOR  
DIRECTOR

Address: 14246 SW 164 TERRACE Address: 2311 NW 60 STREET  
MIAMI FL 33177 MIAMI FL 33147

Name and Title: LESLIE A. TRISTA, VP/ Name and Title: \_\_\_\_\_  
DIRECTOR

Address: 14246 SW 164 TERRACE Address: \_\_\_\_\_  
MIAMI FL 33177

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TALLAHASSEE, FLORIDA

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

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

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

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

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\_\_\_\_\_  
\_\_\_\_\_

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: ALMILCA B LAZARD TRISTA

Address: 14246 SW 164 TERRACE

MIAMI FL 33177

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LESLIE A. TRISTA

Address: 14246 SW 164 TERRACE

MIAMI FL 33177

*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 of Registered Agent

10/26/15  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

10/26/15  
\_\_\_\_\_  
Date