

N160000005450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

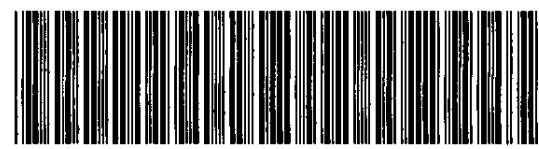
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/23/16--01052--006 **87.50

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16 MAY 23 PM 4: 10
TALLAHASSEE
FLORIDA

5/31/16

COVER LETTER

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

SUBJECT: Iglesia de Dios Fuente de Restauración, 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: Pablo Luis Correa Rivera
Name (Printed or typed)

608 Stonehaven Dr.
Address

Haines City Fl 33844
City, State & Zip

407-953-0757
Daytime Telephone number

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

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16 MAR 23 PM 4:10
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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: Iglesia de Dios Fuente de Restauración, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
608 Stonehaven Dr.

Haines City, Fl 33844

Mailing address, if different is:

608 Stonehaven Dr.

Haines City, Fl 33844

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: a charities and Nonprofits. A church guided by sound doctrines based on the biblical scriptures. Our purpose is to be an entity of help for the community, the soiety and all life that is in need.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pablo Luis Correa Rivera, Director Pastor

Address: 608 Stonehaven Dr
Haines City, Fl 33844

Name and Title: Elvira Calderon Rodriguez, Director

Address: 608 Stonehaven Dr.
Haines City, Fl 33844

Name and Title: Aurea E. Morales, Director Secretary

Address: 266 Jessamine Dr
Davenport Fl 33837

Name and Title: _____

Address: _____

Name and Title: José L. Morales, Director Treasurer

Address: 266 Jessamine Dr.
Davenport Fl 33837

Name and Title: _____

Address: _____

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: Aurea E. Morales
Address: 226 Jessamine Dr.
Davenport, Fl 33837

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Pablo L. Correa Rivera
Address: 608 Stonehaven Dr.
Haines City, Fl 33844

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

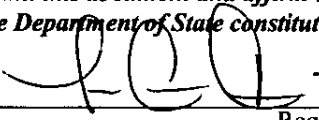
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5/18/2016
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

5/18/2016
Date