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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
FUNDACION MINISTERIO LA RED INC

Certificate of Status	1
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COVER LETTER

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

SUBJECT: FUNDACION MINISTERIO LA RED 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: ROBERTO CALLE
Name (Printed or typed)

3930 BLACKBERRY CIR.
Address

SAINT CLOUD , FL 34769
City, State & Zip

407-5585699
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

2020 SEP 17 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FL

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: FUNDACION MINISTERIO LA RED INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:	Mailing address, if different is:
3930 BLACKBERRY CIR.	3930 BLACKBERRY CIR.
SAINT CLOUD , FL 34769	SAINT CLOUD , FL 34769

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE PURPOSE IS TO HELP THE FAMILY IN AN INTEGRAL WAY ESPECIALLY TO THE CHILDREN IN THE EMOTIONAL, PSYCHOLOGICAL, PHYSICAL AND FINANCIAL AREA BELIEVING THAT THEY ARE VERY VULNERABLE

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	PRESIDENT	Name and Title:	
Address	ROBERTO CALLE 3930 BLACKBERRY CIR SAINT CLOUD , FL 34769	Address:	
Name and Title:	VICE-PRESIDENT	Name and Title:	
Address	RUTH AYALA 3930 BLACKBERRY CIR SAINT CLOUD , FL 34769	Address:	
Name and Title:	DIRECTOR	Name and Title:	
Address	MARLON CALLE 13341 GREENPOINTE DR ORLANDO, FL 32824	Address:	

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SECRETARY OF STATE
TALLAHASSEE, FL

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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: ROBERTO CALLE

Address: 3930 BLACKBERRY CIR.

SAINT CLOUD , FL 34769

2020 SEP 17 AM 10:33

STATE
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

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

Name: ROBERTO CALLE

Address: 3930 BLACKBERRY CIR.

SAINT CLOUD , FL 34769

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 days prior or 90 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

RC

Required Signature of Registered Agent

9/16/2020

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.

RC

Required Signature of Incorporator

9/16/2020

Date

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