

12200009729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

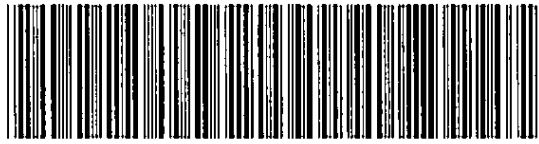
PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 AUG -2 AM 8:52  
CLARENCE AND/OR VIDEO  
FRANCHISING  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Office Use Only  
*T. Scott*

T. SCOTT  
AUG 25 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 25, 2022

MINISTERIO RENOVADOS, INC.  
2557 VISTA PARKWAY SUITE 26  
WEST PALM BEACH, FL 33411

SUBJECT: MINISTERIO RENOVADOS, INC  
Ref. Number: W22000097009

We have received your document for MINISTERIO RENOVADOS, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The balance due is \$35.,

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 922A00016558

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S.. (Not for Profit)

**ARTICLE I NAME**  
The name of the corporation shall be: MINISTERIO RENOVADOS, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address:	Mailing address, if different is:
<u>2557 VISTA PARKWAY SUITE 26</u>	_____
<u>WEST PALM BEACH FL 33411</u>	_____
_____	_____

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: MINISTERIO RENOVADOS, INC IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATION THAT QUALIFY AS EXEMPT ORGANIZATIONS DESCRIBED UNDER SECTION(C)(3) OF THE INTERNAL REVENUE CODE OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. UPON THE DISSOLUTION OF THE ORGANIZATION ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FED GOVERNMENT, OR TO A STATE OF LOCAL GOVERNMENT FOR A PUBLIC PURPOSE.

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

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

Name and Title: <u>JOSE R HERNANDEZ JR - PRESIDENT</u>	Name and Title: _____
Address: <u>2257 VISTA PARKWAY</u>	Address: _____
<u>SUITE 26</u>	_____
<u>WEST PALM BEACH FL 33411</u>	_____

Name and Title: <u>MARIELIS R HERNANDEZ - VP</u>	Name and Title: _____
Address: <u>2257 VISTA PARKWAY</u>	Address: _____
<u>SUITE 26</u>	_____
<u>WEST PALM BEACH FL 33411</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

CORPORATION AND/OR VIDEO  
FRANCHISING  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2022 AUG -2 AM 8:50

FILED

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: JOSE HERNANDEZ JR \_\_\_\_\_

Address: 803 SKY PINE WAY \_\_\_\_\_

GREENACRES FL 33415 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: MARIELIS HERNANDEZ \_\_\_\_\_

Address: 2257 VISTA PARKWAY SUITE 26 \_\_\_\_\_

WEST PALM BEACH FL 33411 \_\_\_\_\_

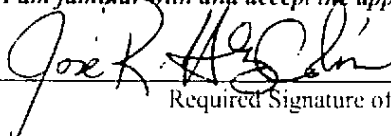
**ARTICLE VIII EFFECTIVE DATE:**

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*

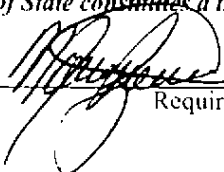


\_\_\_\_\_  
Required Signature of Registered Agent

7/1/2022

\_\_\_\_\_  
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

7/1/2022

\_\_\_\_\_  
Date