

726699

FILED
2002 JUN 28 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN, (TALLAHASSEE REPRESENTATIVE)

300006065303--4

-06/27/02--01048--016

*****35.00 *****35.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. OUR LADY OF ANGELS PARISH, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

02 JUN 27 AM 11:08
DIVISION OF CORPORATE REGISTRATION

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

C. Coulllette JUN 28 2002

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 27, 2002

LAZARUS

TALLAHASSEE, FL

SUBJECT: OUR LADY OF THE ANGELS PARISH INC.
Ref. Number: 726699

We have received your document for OUR LADY OF THE ANGELS PARISH INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

This is a non profit corporation so you must file a non profit amendment. If you do not have the application for the right form, you may access that from our website at www.sunboz.org.

Please return 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) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 602A00041190

RECEIVED
02 JUN 28 AM 10:58
TALLAHASSEE
FLORIDA
DEPARTMENT OF STATE

ARTICLES OF AMENDMENT
to
ARTICLES OF INCORPORATION
of

FILED
2002 JUN 28 AM 11:24
CLERK OF STATE
TALLAHASSEE, FLORIDA

OUR LADY OF ANGELS PARISH, INC.

Pursuant to the provisions of section 617.1006, Florida Statutes, the undersigned Florida nonprofit corporation adopts the following articles of amendment to its articles of incorporation.

FIRST: Amendment(s) adopted: (INDICATE ARTICLE NUMBER(S) BEING AMENDED,
ADDED OR DELETED.)

Article V - /Directors

Add New Directors:

Director-Rector - Jose A Tamargo
555 E 25 Street # 206-207
Hialeah, FL 33013

Director Maria del Carmen Ribera
555 E 25 Street # 206-207
Hialeah, FL 33013

Director: Barbara Barrios
555 E 25 Street # 206-207
Hialeah, FL 33013

SECOND: The date of adoption of the amendment(s) was: 6/21/02

THIRD: Adoption of Amendment (CHECK ONE)

☒ The amendment(s) was(were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.

☐ There are no members or members entitled to vote on the amendment. The amendment(s) was(were) adopted by the board of directors.

Signed this 21 day of June, ~~19~~ 2002

By ☒ Ninfa M. Mollada
(Chairman or Vice Chairman of the Board of Directors, President or
other officer if adopted by the shareholders)
OR
(A director or incorporator if adopted by the directors or incorporators)

Ninfa M. Mollada
(Typed or printed name)
Secretary
(Title)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS MY POSITION AS REGISTERED AGENT.

SIGNATURE Ninfa M. Mollada
DATE 6-21-02