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(Address)

(Address)

(City/State/Zip/Phone #)

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AUG 04 2017
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Desatar Ministry, Inc.

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Cecilia Sanchez

Name of Person

Desatar Ministry, Inc.

Firm/Company

3003 S. 45th Street

Address

Milwaukee, WI 53219

City/State and Zip Code

pastor@desatar.org

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

For further information concerning this matter, please call:

Cecilia Sanchez

414

712-1214

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. Desatar Ministry Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wisconsin

(State or country under the law of which it is incorporated)

3. _____

(FBI number, if applicable)

4. 4/15/08

(Date of Incorporation)

5. _____

(Date of duration, if other than perpetual)

6. 5/1/17

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 4636 West Irlo Bronson Highway 192, Kissimmee, FL 34746

(Principal office address)

3003 S. 45th Street, Milwaukee, WI 53219

(Current mailing address, if different)

8. To conduct religious worship services

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Yalixa Torres

Office Address: 444 Milford St.

Davenport

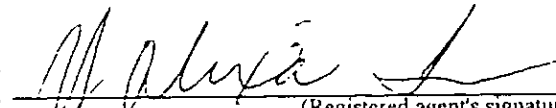
(City)

Florida 33897

(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

X 

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Luis Vergara

Address: 3003 S. 45th Street, Milwaukee, WI 53219

Vice Chairman: Francisca Vergara

Address: 3003 S. 45th Street, Milwaukee, WI 53219

Director: Zaida Morales

Address: 4533 S. 23rd Street, Apt. 3, Milwaukee, WI 53221

Director: _____

Address: _____

B. OFFICERS

President: Luis Vergara

Address: 3003 S. 45th Street, Milwaukee, WI 53219

Vice President: Francisca Vergara

Address: 3003 S. 45th Street, Milwaukee, WI 53219

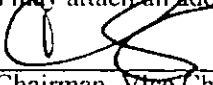
Secretary: Cecilia Sanchez

Address: 3003 S. 45th Street, Milwaukee, WI 53219

Treasurer: Andrea Maldonado

Address: 2040 S. 36th Street, Milwaukee, WI 53215

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Cecilia Sanchez, Secretary
(Typed or printed name and capacity of person signing application)

17 JUL 31 AM 7:34
STATE OF FLORIDA
HALL ASSOCIATION

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

DESATAR MINISTRY INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is April 15, 2008.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on May 03, 2017.

A handwritten signature in black ink, reading "Mary Ann McCoshen".

MARY ANN MCCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **199597-55A6FD17**