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### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Remanso de Paz 2 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:				
Marcos Gonzalez Name of Person				
Firm/Company				
3152 Wood Rose Way  Address  Deltona, Florida 32725  City/State and Zip Code				
Vozde alertaty 140 gmail·com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Marcos Gonzalez at (407) 885-7700  Name of Person Area Code Daytime Telephone Number				
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303				
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$\infty\\$\frac{1}{2}\\$70.00 Filing Fee \$\infty\\$\frac{1}{2}\\$78.75 Filing Fee & \$\infty\\$87.50 Filing Fee,  Certificate of Status Certified Copy  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: (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations 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) atate or country under the law of which it is incorporated) (FEI number, if applicable) (Date of duration, if other than perpetual) Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liabi Principal office street address (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florid 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Office Address: Florida 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. (Registered agont'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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS					
Chairman	Name: Intologio Del Valle	□Chairman	Name:		
□Vice Chairman	Address: 2175 Lacombe Ave	□Vice Chairman	Address:		
☐Director	apt 16	□Director			
□President	Bronx, NY. 10473	□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	□Secretary	□Treasurer		
□Other:	☐ Other:	□Other:	□Other:		
□Chairman	Name: Marcos Gonzalez	□Chairman	Name:		
□ Vice Chairman	Address: 3152 Wood Rose	□Vice Chairman			
Director	Way	□Director			
□President	Deltona Florida 32725	□President			
□Vice President		□Vice President			
☐ Secretary	☐Treasurer	□ Secretary	□Treasurer		
□Other:	☐ (Ather:	□Other;	□Other:		
□Chairman	Name: Maritza Sanchoz	□Chaimian	Name.		
□Vice Chairman	Address: 3152 Wood Losse	☐Vice Chairman	Address:		
☐Director	way	□Director			
□President	Delhona, Fl. 32725	□President			
□Vice President		□Vice President			
Secretary	<b>☑</b> Treasurer	☐ Secretary	□Treasurer		
□Other:	☐ Other:	Other:	□Other:		
NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only.  Non-indexed individuals may be added to the index when filing our Florida Department of State Annual Report form.  (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  14					

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: COUNCIL OF PENTECOSTAL CHURCHES HAVEN OF PEACE INTERNATION

AL

**DOS ID Number:** 4786268

Entity Type: DOMESTIC NOT-FOR-PROFIT CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 07/08/2015

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on April 14, 2022 at 10:26 A.M.

Brandon C Higher

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

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