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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

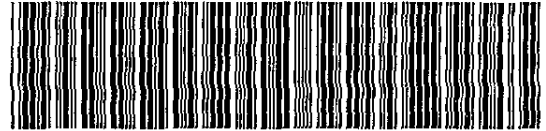
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SECRETARY OF STATE  
DIVISION OF REVENUE  
05 APR 27 AM 8:03

## TRANSMITTAL LETTER

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

**SUBJECT:** Ministerio de Restauracion Shalom, 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:** Luis Raul Rivera  
Name (Printed or typed)

801 W. 81 Place  
Address

Hialeah, FL 33014  
City, State & Zip

305-512-3621  
Daytime Telephone number

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

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

**ARTICLE I NAME**

The name of the corporation shall be:

Ministerio de Restauracion Shalom, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

801 W. 81 Place  
Hialeah, FL 33014

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Apostolic Network

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Directors will be appointed by the president.

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

List name(s), address(es) and specific title(s):

Luis Raul Rivera - 801 W. 81 Pl. Hialeah, FL 33014 - President

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Luis Raul Rivera  
801 W. 81 Pl.  
Hialeah, FL 33014

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Luis Raul Rivera  
801 W. 81 Pl.  
Hialeah, FL 33014

\*\*\*\*\*  
*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.*

  
\_\_\_\_\_  
Signature/Registered Agent

04/04/05

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

04/04/05

\_\_\_\_\_  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
05 APR 27 AM 8:03