

N060000007761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

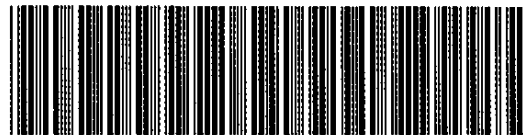
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

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06 JUL 21 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08.7

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

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

1. Ministerio Esperanza de Gloria, Inc.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☒ Pick up time \_\_\_\_\_

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☐ Will wait

☐ Photocopy

☐ Certificate of Status

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

AMENDMENTS	
<input 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

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 19, 2006

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: MINISTERIO ESPERANZA DE GLORIA, INC.  
Ref. Number: W06000032065

We have received your document for MINISTERIO ESPERANZA DE GLORIA, INC. and your check(s) totaling \$157.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on July 10, 2006.

Please call our office for a possible refund.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Document Specialist  
New Filing Section

Letter Number: 306A00046167

Note: Please Apply this Credit  
On this New Corporation  
Thankx U

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2006 JUL 21 AM 9:55  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

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

1. Asociacion Proyecto Historico Cubano Inc.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time \_\_\_\_\_

☒ Certified Copy

☐ Mail out

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☐ Photocopy

☐ Certificate of Status

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<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be:

**Asociacion Proyecto Historico Cubano Inc.**

**ARTICLE II PRINCIPAL OFFICE**

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

**3890 N.W 4 Street  
Miami, Fl. 33126**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**To record in different ways the memory of the atrocities of its present  
totalitarian system in Cuba.**

#### ARTICLE IV MANNER OF ELECTIONS

The manner in which the directors are elected or appointed:

By election among the members of the Board of Directors. The Board of Directors shall consist of not less than three (3) directors at any time. By-Laws

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

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

Luis A. Gonzalez D/P  
3890 N.W. 4 Street  
Miami, Fl. 33126

Freddy Herrera D/ST  
3078 NW 91 Street  
Miami, Fl. 33147

Guillermo Bequer D/S  
5091 N.W. 7 Street Apt. 302  
Miami, Fl. 33126

#### 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 A. Gonzalez  
3890 N.W. 4 Street  
Miami, Fl. 33126

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TALLAHASSEE, FLORIDA

### ARTICLE VII INCORPORATOR

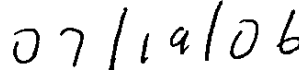
The name and address of the incorporator is:

Luis A. Gonzalez  
3890 N.W. 4 Street  
Miami, Fl. 33126

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.



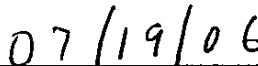
Signature/Registered Agent



Date



Signature/Incorporator



Date