N10000001214

| (Re | questor's Name) | |
|---------------------------|-------------------|---------------------------------------|
| | | |
| (Ad | dress) | |
| (Ad | dress) | · · · · · · · · · · · · · · · · · · · |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



900166978999

01/25/10--01022--023 **78.75

SECULIARY OF STA

10 FEB -4 PM 2:



M

COVER LETTER

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

| SUBJECT: | Iglesia De La | | • | |
|---------------------------|--|-------------------------------------|---|-------|
| | (PROPOSED CORPORATI | E NAME – <u>MUST INCLU</u> | <u>DE SUFFIX</u>) | |
| | | | , | • |
| Enclosed is an original a | nd one (1) copy of the Artic | les of Incorporation and | a check for: | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | S87.50 Filing Fee, Certified Copy & Certificate | |
| • | | ADDITIONAL CO | PY REQUIRED | |
| FROM: | Pastor Nidia Lop Name (Prin S2A1 SW | nted or typed) | - ACE, Apt W - DAVIE, FL 33314 | Jeu 1 |
| | City, St | ate & Zip | _ | |
| | 100 | 27 – 2056 ephone number | - | |
| | AIDYr | 10108 @ 4F | thoo. can | |

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

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



January 26, 2010

NIDIA LOPEZ 5241 SW 40TH TERRACE APT WEST DAVIE, FL 33314

SUBJECT: IGLESIA DE LA COMUNIDAD, INC.

Ref. Number: W10000003942

We have received your document for IGLESIA DE LA COMUNIDAD, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The registered agent must have a Florida street address. A post office box is not acceptable.

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 510A00002135

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

ARTICLE I

NAME

The name of the corporation shall be:

| The name of the corporation shall be: |
|---|
| I gles a De La Comunidad, I 10 FEB -4 PM 2:02 |
| ARTICLE II PRINCIPAL OFFICE |
| |
| 5241 SW 40TH TERRACE APT WEST DAVIE, FL 33314 |
| The purpose for which the corporation is organized is: |
| To provide charitable services to the community. |
| Services related to education, counseling & crisis |
| The purpose for which the corporation is organized is: To provide charitable services to the community. Services related to education, counseling & crisi- ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed: |
| Pastor Nydia M. Lopez |
| Nydia O. Torres & Keishla N. Torres |
| ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS |
| List name(s), address(es) and specific title(s): |
| Pastor Nydia H. West - 5241 SW 40 TR # West Nydia O. Tolles - 5241 SW 40 TR # West Davie, FR Proservices - 5241 SW 40 TR # West Davie, FR |
| K 0'5/0/0 11 + 115 |
| Keishla N. Torres -5241 SW 4078, #West, Davie, Fr. 333 |
| ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: |
| |
| Pastor Nydia M. Lopez |
| 5241 SW 40 TR, Apt West, Davie, PL 33BIY |
| ARTICLE VII INCORPORATOR |
| The <u>name and address</u> of the Incorporator is: |
| Pastor Nydia M. Lopez |
| 5241 SW 40 TR, At West, Davie, PL 33314 |
| 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 |
| |
| Mydia 4 1002 1/29/2010 |
| Nignature/Incorporator // |