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| (Requestor's Name) | | | | |
|---|-------------------|---------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| (Cli | iy/State/Zip/Phon | le # <i>)</i> | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| ,50 | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

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

| SUBJECT: | Silvia ivelisse ministries, inc. | | |
|--|---|---------------------------------|---|
| | (PROPOSED CORPORATE | | |
| Enclosed is an original a \$70.00 Filing Fee | sind one (1) copy of the Artic \$78.75 Filing Fee & | □\$78.75 Filing Fee | \$87.50 Filing Fee, |
| | Certificate of Status | & Certified Copy ADDITIONAL CO | Certified Copy & Certificate PY REQUIRED |
| FROM: | Silvia Ivelisse Perez | ited or typed) | - |
| | 6940 NW 179 Street, U | nit 406 dress | _ |
| | Miami, Florida 33015 | | |

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

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

City, State & Zip

Daytime Telephone number

786.367.4309

siltalk24@gmail.com

ARTICLES OF INCORPORATION

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



ARTICLE I NAME

The name of the corporation shall be:

Silvia Ivelisse Ministries, Inc.

10 OCT -4 PM 2: 33

TARY OF STATE RSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

6940 NW 179 Street, Unit 406 Miami, Florida 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The general purpose and nature of this organization is to provide faith based inspirational and motivational conferences to the general public to instill and promote the values and principals necessary to improve everyday living.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The board of directors shall be elected in accordance with the bylaws adopted by the corporation.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Silvia Ivelisse Perez President 6940 NW 179 Street, Unit 406 Carlos Manuel Perez CEO

Miami, Florida 33015

6940 NW 179 Street, Unit 406 Miami, Florida 33015

Maria Elena Anderson

Diana Bienvenida Agramonte

110 NE 171 Street

18101 NW 68 Avenue, Unit C205 Miami, Florida 33015

North Miami Beach, Florida 33162

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Silvia Ivelisse Perez

6940 NW 179 Street, Unit 406

Miami, Florida 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carlos Manuel Perez

6940 NW 179 Street, Unit 406

Miami, Florida 33015

| ************ | ************* |
|---|---|
| | process for the above stated corporation at the place designate |
| in this certificate, I am familiar with and accept the appoin | tment as registered agent and agree to act in this capacity. |
| That | 9/24/10 |
| Signature/Registered Agent | Date |
| | 9/24/10 |
| Signature/Incorporator | Date |