

N 100000 10539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/12/10

COVER LETTER

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

SUBJECT: Mis Angeles de Bendicion
(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: Pedro A. Rivera
Name (Printed or typed)

203 W Sproule Ave
Address

Kissimmee, FL 34741
City, State & Zip

407-350-2556
Daytime Telephone number

PRINSEP@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Incorporation
Of
MIS ANGELES DE BENDICION Corp.

The undersigned, a majority of whom are citizens of the United States, desiring to form a Non-Profit Corporation under the Non-Profit Corporation Law of Florida, do hereby certify:

Article I: The name of the Corporation shall be MIS ANGELES DE BENDICION Corp.

Article II: The place in this state where the principal office of the Corporation is to be located at 1233 Majestic Oak Dr. Apopka, FL 32712 of Orange County.

Article III: Purpose

Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Article IV: The initial officers and directors names and addresses of the persons of the corporation are as follows:

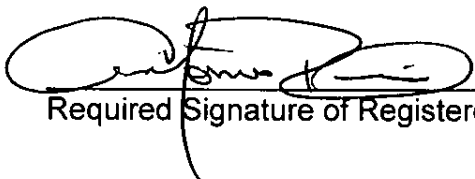
Name: President – Antonio Rivera Address 1233 Majestic Oak Dr. Apopka, FL 32712

Name: Vice-President- Alexandra Santini Address 4720 Aguila PL Orlando FL 32826

Name: Secretary- Lia Lopez Address 5152 Chakanatosa Cr. Orlando FL 32818


Name: Treasurer- Lisander Cruz Address 14832 Dogwood Cove Ln Winter Garden, FL 34787

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


Required Signature of Registered Agent

11/11/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature of Incorporator

11/11/10
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA