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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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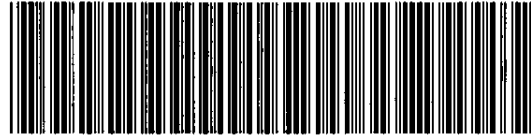
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: WOMEN OF POWER/MUJER DE PODER MINISTRY 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: LUCY LUGO
Name (Printed or typed)

1215 PLEASANT OAKS CT.
Address

KISSIMMEE, FLORIDA 34741
City, State & Zip

407-715-9357
3265 S. JOHNS HIGHWAY
City, State & Zip

ll-beloved@hotmail.com
E-mail address: (to be used for future annual report notification)

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:

Women of Power/Mujer de Poder Ministry Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3265 S. John Young Parkway

Kissimmee, Florida

34741

Mailing address, if different is:

1215 Pleasant Oaks Ct.

Kissimmee, Florida

34741

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Women of Power ministry was born in order to restore back to them those gifts and hidden talents that our Lord and Savior had put within us and become according to Proverb 31 Women of Destiny and full fill their prophetic purpose.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

The board of directors will meet to elect a new Director or President in the event that of resignation of such.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Magaly Class -Director/President

Address: 14904 White Magnolia Ct.
Orlando, Florida 32824-6447

Name and Title: Lucy Lugo Officer/Treasurer

Address: 1215 Pleasant Oaks Ct.
Kissimme, Florida 34741-6429

Name and Title: Aida Luz Soto - Director/Vice President

Address: 14904 White Magnolia Ct.
Orlando, Florida 32824-6447

Name and Title: _____

Address: _____

Name and Title: Jenifer Classs- Officer/Secretary

Address: 14904 White Magnolia Ct.
Orlando, Florida 32824-6447

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Lucy Lugo

Address: 1215 Pleasant Oaks Ct.
Kissimmee, Florida 34741-6429

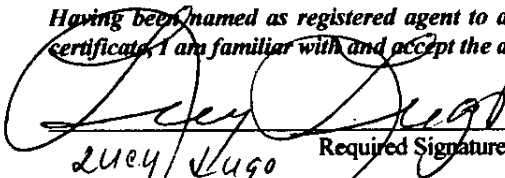
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Magaly Class

Address: 14904 White Magnolia Ct.
Kissimmee, Florida 32824-6447

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


Lucy Lugo
Required Signature of Registered Agent

12/19/2010
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.


Magaly Class
Required Signature of Incorporator

12-19-2010
Date

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TALLAHASSEE, FLORIDA