

N11 000005097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

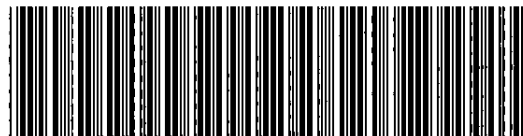
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAY 24 PM 2:09

APPROVED  
AND  
FILED

W

## COVER LETTER

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

SUBJECT: Centro el Refugio del MCIV, Co.  
(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: Edmee Molina  
Name (Printed or typed)

P.O. Box 568431  
Address

Orlando, FL 32856  
City, State & Zip

407-859-0051  
Daytime Telephone number

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:

Centro el Refugio del MCIV Co.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
12432 Blacksmith Dr. Apt. 307  
Orlando, Fl 32837

Mailing address, if different is:  
P.O. Box 568431  
Orlando, Fl 32856

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Reach the community for Jesuschrist.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed

Shall be elected by the principal official of the corporation.

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

Name and Title: Edmee Molina, president  
Address: 12432 Blacksmith Dr.  
Apt. 307  
Orlando, Fl 32837

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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: Edmee Molina  
Address: 12432 Blacksmith Dr.  
Apt. 307  
Orlando, Fl 32837

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Edmee Molina  
Address: 12432 Blacksmith Dr.  
Apt. 307  
Orlando, Fl 32837

*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*

✓ Em

Required Signature of Registered Agent

05-13-2011

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.*

✓ Em

Required Signature of Incorporator

05-13-2011

Date

APPROVED  
FILED  
11 MAY 24 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA