# N11000007375

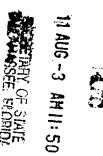
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### **COVER LETTER**

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

UBJECT: Evangelical Church of all Nations						
	(PROPOSED CORPORA	ATE NAME - <u>MUST INCL</u>				
Enclosed is an origina  \$70.00  Filling Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate			
		ADDITIONAL C	ADDITIONAL COPY REQUIRED			

FROM: Evangelica Church of All Nations INC.

Name (Printed or typed)

4810 Santee Street

Address

Orlando, Florida 32804

City, State & Zip

407-968-7658

4810 Santee Street elephone number

unibiblica@gmail.com

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

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



RECEIVED
11 AUG -3 AM 10: 25

## FLORIDA DEPARTMENT OF STATEALLAHASSEE, FLORIDA Division of Corporations

July 8, 2011

EVANGELICAL CHURCH OF ALL NATIONS INC. 4810 SANTEE ST ORLANDO, FL 32804

SUBJECT: EVANGELICAL CHURCH OF ALL NATIONS

Ref. Number: W11000035912

We have received your document for EVANGELICAL CHURCH OF ALL NATIONS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) I.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return 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) 245-6995.

Jessica A Fason Regulatory Specialist II

Letter Number: 211A00016165

Division of Companytions DO DOV 6207 Tollahassas Florida 20214

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

ARTICLE II	PRINCIPAL OFFICE			
2201 2 2 2 2 2	Principal street address		Mailing address, if diffe	rent is:
	4810 Santee Street		P.O. Box 680112	
	Orlando, Fl. 32804		Orlando, Fl. 32868	
ARTICLE III	PURPOSE			
	hich the corporation is organized is:			
• •	,	monting over Su	nday with	
all people tha	ne Bible the Theology and to have r	needing every Su	fluay wills	
an heobie ma	it may come.			
	•			
ARTICLE IV	MANNER OF ELECTION The manner	in which the directors a	are elected and appointed:	
The Board of Directo	ors shall be managed by no less than three nor more th		• •	embers with the
mayority vote, for the	e term of two years or they can be reelected.  INITIAL OFFICERS AND/OR DIRECT	TOPS		
	itle: Pastor Jose Mendoza Pastor			
Address:	2744 Ridgewood Ave.	Address:		
	Sanford, Fl. 32773			
Name and T	islas Varanian Nieuran Associated Boston	None and Title.		
Address:	itle: Veronica Nieves Associated Pastor	Name and Title:_		
Address:	2826 Silwood Cr. Apt. 115 Orlando, Fl. 32818	Address:		
	Onando, 11. 52016			
			· · · · ·	
	itle: Maria Mendoza Teasury	Name and Title:_		
Address:	2744 Ridgewood Ave. Sanford, Fl. 32773	Address: _		
	Salilolu, Fl. 32113	<del>-</del>		
ARTICLE VI	REGISTERED AGENT			
	rida street address (P.O. Box NOT acceptable	) of the registered agent	is:	أعنين
Name:	Veronica Nieves	, <b></b>		
Address:	2826 Silwood Cr. Apt. 115		<b>X</b> a	
	Orlando, Fl. 32818			≥ .
		·		त त
ARTICLE VII	<u>INCORPORATOR</u>		<b>光</b> 袋	CO MARKET
	dress of the Incorporator is:			7 7
Name:	Rev. Julio Guzman ThD			
Address:	2255 Greenview Cr.		5	= !
	Orlando, Fl. 32808		35	. n
			The state of the s	
Having been name	ed as registered agent to accept service of pr	wase for the above et	atad appropriation at the place d	reionatad in this
cortificate Lamfa	ea as registerea agent to accept service by pr miliar with and accept the appointment as regis	ucess for the above su stored agent and agree	ueu corporuion ui ine piuce ui to act in this canacity	
	A .	neren ugem uma ugree i	/ /	/
1/12 00	cas (leves)		6/27/	/ /
-V WCOM.	Required Signature of Registered Agen		Data Data	
	required Signature of Registered Agen	ıı	, Date	
I submit this docu	ment and affirm that the facts stated herein ar	e true. I am aware that	t any false information submitte	d in a document
to the Department	ment and affirm that the facts stated herein ar of State constitutes a third degree felony as pro	wided for in s.817.155,	F.S.	