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ar 10/25/11

COVER LETTER

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

SUBJECT: Comunidad Cristiana Casa de Vida - FL
(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: Rev. Carlos Martinez

Name (Printed or typed)

7851 NW. 35th CT. Apt. #3

Address

Coral Springs, FL 33065

City, State & Zip

312-401-2097

7851 NWPstimeffelephone number

casadevida florida@hotmail.com

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

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

2011 OCT 24 PM 2: 3

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

ARTICLE I The name of the o	NAME Comunidad Cristiana Corporation shall be:	Casa de Vida, Inc. ((FL) SEURETARY OF STATE STYISTON OF LORPE (47)
ARTICLE II	PRINCIPAL OFFICE		7011 OCT 24 PM 2: 31
	Principal street address		2011 OCT 24 PM 2: 36 Mailing address, if different is:
	7851 NW. 35th. CT.		
	Coral Springs, FL 33065		
ARTICLE III	<u>PURPOSE</u>		
The purpose for	which the corporation is organized is:		
promote, educ To establish n	d operate a Religious institution with the so rate, teach and propagate the Gospel of the ew missions and city church network to exp als is to serve our community, help restore t	Lord Jesus Christ. and where possible the	e good news of God.
ARTICLE IV	MANNER OF ELECTION The manner in	which the directors are ele	ected and appointed:
ुBy election	,		•
*ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO		
Name and ' Address:	Title: Rev. Carlos Martinez - President 7851 NW. 35th. CT		
. Address:	Apt. #3	Aduless.	
	Coral Springs, FL 33065		
N I J (•	Name and Tide.	
Name and Address:	Fitle: Elsa Yolanda Amado - Treasurer 11905 NW. 57th, ST	A 4.1	
Addiess.	Coral Springs, FL 33076		
		-	
Name and	Title: Liana Errarte - Secretary	Name and Title	
Address:		Address:	
	Coral Springs, FL 33071		
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable) o		
Name:	Rev. Carlos Martinez	_	
Address:	7851 NW. 35th. CT		
	Apt. #3 Coral Springs, -FL 33065		
	Cotal Spinigs, 4 E 00000		
ARTICLE VII	INCORPORATOR		
The <u>name and ac</u> Name:	Idress of the Incorporator is: Rev. Carlos Martinez		
Name: Address:	7851 NW. 35th. CT	_	
rtaaress.	Apt. #3		
	Coral Springs, FL 33065	·	
	med as registered agent to accept service of proc Camiliar with and accept the appointment as registe		
V=	· CARLOS D.	11/100	10/18/2011
	Required Signature of Registered Agent	1000	Date
	ument and affirm that the facts stated herein are at of State poinstitutes a third degree felony as provi		false information submitted in a document
W_	- CARLOS S. MT		10/18/2011
▼ L≪1.	Required Signature of Incorporator		Date