

N11000010345

(Requestor's Name)

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(City/State/Zip/Phone #)

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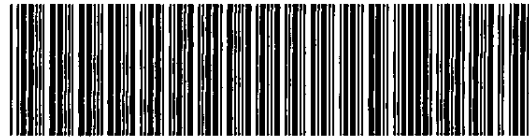
(Business Entity Name)

(Document Number)

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10/06/11--01022--001 \*\*78.75

11 NOV -2 PM 2:32  
TALLAHASSEE, FLORIDA

W11-51922

11/03/11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 7, 2011

REV. ELIECER PRIETO  
20 HEMLOCK RADIAL PASS  
OCALA, FL 34472

SUBJECT: PUENTE CUBANO EMANUEL, INC.  
Ref. Number: W11000051922

RECEIVED  
11 NOV -2 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for PUENTE CUBANO EMANUEL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return the corrected original and one copy of 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) 245-6949.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 811A00023162

## COVER LETTER

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

SUBJECT: PUENTE CUBANO EMANUEL, 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: Rev. Eliecer Prieto  
Name (Printed or typed)

20 Hemlock Radial Pass  
Address

Ocala, FL 34472  
City, State & Zip

352-260-7701  
Telephone number

epsministerio@live.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: PUENTE CUBANO EMANUEL, INC.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
20 HEMLOCK RADIAL PASS  
OCALA, FL 34472

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE ASSISTANCE AND SUPPORT TO PASTORS AND CHURCHES IN CUBA

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

ELECTED AND APPOINTED BY THE PRESIDENT

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: REV. ELIECER PRIETO, PRESIDENT  
Address: 20 HEMLOCK RADIAL PASS  
OCALA, FL 34472

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

Name and Title: DULCE MARIA RODRIGUEZ, TREASURE  
Address: 20 HEMLOCK RADIAL PASS  
OCALA, FL 34472

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

Name and Title: SUCET CARCASSES, SECRETARY  
Address: 3157 SW 153 COURT  
MIAMI, FL 33185

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: MILKA PRIETO  
Address: 7305 TURKEY CREEK RD  
PLANT CITY, FLORIDA 33567

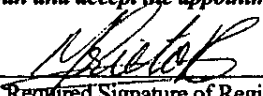
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: REV. ELIECER PRIETO  
Address: 20 HEMLOCK RADIAL PASS  
OCALA, FL 34472

NOV 11 11:32 AM  
TALLAHASSEE, FLORIDA

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

10/20/2011

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.

  
Required Signature of Incorporator

10/20/2011

Date