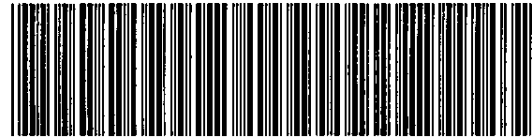


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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

11/18/11--01016--024 \*\*78.75

Special Instructions to Filing Officer:

Bm 12/8

Office Use Only

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC -5 PM 1:14

with 58882



RECEIVED

DEC -5 AM 11:09

**FLORIDA DEPARTMENT OF STATE**  
Division of Corporations

November 21, 2011

GREGORIO MARTINEZ  
10241 NW 9 ST CIRCLE APT 205  
MIAMI, FL 33172

SUBJECT: TEMPLO DE MINISTROS ORULALAND, INC.  
Ref. Number: W11000058882

We have received your document for TEMPLO DE MINISTROS ORULALAND, 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):

You have submitted the form to file a Profit corporation. If this is your intention please resubmit for filing. If your intention is to file a Non-Profit corporation, please complete the enclosed forms.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

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) 245-6901.

Pamela Smith  
Regulatory Specialist II

Letter Number: 011A00026309

## COVER LETTER

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

SUBJECT: TEMPLO DE MINISTROS ORULALAND, 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: GREGORIO MARTINEZ  
Name (Printed or typed)

1986 W 60TH STREET  
Address

HIALEAH, FL. 33012  
City, State & Zip

(305) 556-4680  
1986 W 60TH STREET, HIALEAH, FL. 33012

caridadtellez05@yahoo.es  
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:

**TEMPLO DE MINISTROS ORULALAND, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1986 W 60TH STREET, HIALEAH, FL, 33012

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE VOLUNTEER SERVICES, EDUCATION, ORGANIZATION FOR THE HELP AND SUPPORT OF THE PEOPLE IN DISGRACE. TO PROMOTE AND ENHANCE THE PRACTICE AND RITUALS OF THE YORUBA RELIGION.

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

VOTING OF THE MEMBERS OF THE TEMPLE.

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

Name and Title: GREGORIO MARTINEZ, PD

Address: 10241 NW 9st. CIRCLE  
MIAMI, FL. 33172

Name and Title: JAVIER BLACK VP.

Address: 10607 NW 32ND PLACE  
SUNRISE, FL. 33351

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: GREGORIO MARTINEZ

Address: 10241 NW 9st. CIRCLE  
MIAMI, FL. 33172

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GREGORIO MARTINEZ

Address: 10241 NW 9st. CIRCLE  
MIAMI, FL. 33172

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

Gregorio Martinez

Required Signature of Registered Agent

07/20/2011

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.

Gregorio Martinez

Required Signature of Incorporator

07/20/2011

Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC -5 PM 1:14