

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

48342

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## To:

Division of Corporations  
Fax Number : (850) 617-6381

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## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
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## FLORIDA PROFIT/NON PROFIT CORPORATION

iglesia manantiales de agua viva, corp.

Certificate of Status	0
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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: **IGLESIA MANANTIALES DE AGUA VIVA, CORP.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**3404 COUNTY LINE RD.**  
**LAKE LAND, FL 33811**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**TO TEACH THE BIBLE TO THE YOUNG, ADULTS AND THE ELDERLY**

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

**AS PROVIDED FOR IN THE BYLAWS OF THE CORPORATION**

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

Name and Title: **CARLOS A. DOMINGUEZ**  
Address: **3404 COUNTY LINE ROAD**  
**LAKE LAND, FL 33811**

Name and Title:  
Address:

Name and Title: **ELIZABETH DOMINGUEZ**  
Address: **3404 COUNTY LINE ROAD**  
**LAKE LAND, FL 33811**

Name and Title:  
Address:

Name and Title: **ISAAC DOMINGUEZ**  
Address: **3404 COUNTY LINE ROAD**  
**LAKE LAND, FL 33811**

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: **CARLOS A. DOMINGUEZ**  
Address: **3404 COUNTY LINE ROAD**  
**LAKE LAND, FL 33811**

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: **CARLOS A. DOMINGUEZ**  
Address: **3404 COUNTY LINE ROAD**  
**LAKE LAND, FL 33811**

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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

12/12/2011

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

12/12/2011

Date

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