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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAR 30 2012
w12-129w
513



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2012

IGELSIA DE JESUCRISTO EL BUEN SAMARITANO M.I.
9360 S US HWY 441 SUITE 8
OCALA, FL 34480

SUBJECT: IGLESIA DE JESUCRISTO EL BUEN SAMARITANO M.I.
Ref. Number: W12000012900

We have received your document for IGLESIA DE JESUCRISTO EL BUEN SAMARITANO M.I. 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 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 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) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 012A00008589

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

ARTICLE I NAME

The name of the corporation shall be: IGLESIA DE JESUCRISTO EL BUEN SAMARITANO M.I. Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
9360 S. US HWY 441, SUITE 8
OCALA, FL 34480

Mailing address, if different is:

P. O. Box, 830494
Ocala, FL 34483

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CHURCH SERVICES

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

BY THE ORGANIZATION LAW

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DIANORIS VIERA-PRESIDENT
Address: 91 JUNIPER PASS UNIT #2
OCALA, FL 34480

Name and Title: _____
Address: _____

Name and Title: NORA H. MATOS-SECRETARY
Address: 17 HEMLOCK LOOP COURSE
OCALA, FL 34472

Name and Title: _____
Address: _____

Name and Title: GUADALUPE RUIZ-TREASURER
Address: 247 MARION OAKS COURSE
OCALA, FL 34473

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: NORA H. MATOS
Address: 17 HEMLOCK LOOP COURSE
OCALA, FL 34472

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DIANORIS VIERA
Address: 91 JUNIPER PASS UNIT #2
OCALA, FL 34480

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

Nora H. Matos
Required Signature of Registered Agent

3/1/12
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.

Dianoris Viera
Required Signature of Incorporator

3/1/12
Date

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TALLAHASSEE, FLORIDA