

**N12 000 005096**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

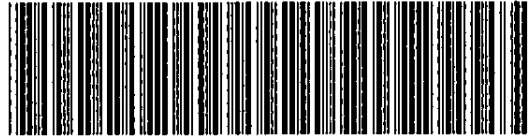
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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2012 MAY 21 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**J. Shivers MAY 22 2012**

**COVER LETTER**

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

**SUBJECT: LA GRANDE DE MONTURA RANCH CORPORATION**  
(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: LA GRANDE DE MONTURA RANCH**  
Name (Printed or typed)

**542 AVENIDA DEL SUR**  
Address

**CLEWISTON, FLORIDA 33440**  
City, State & Zip

**1-863-226-3992**  
Telephone number

**WB4TWQ@YAHOO.COM**  
E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME** LA GRANDE DE MONTURA RANCH CORPORATION  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
542 AVENIDA DEL SUR  
CLEWISTON, FLORIDA 33440

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

DELIVER THE WORD OF GOD BY ALL LEGAL MEANS INCLUDING RADIO BROADCAST AS PERMITTED BY THE FEDERAL COMMUNICATIONS COMMISSION (FCC).

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

DIRECTORS ARE ELCTED BY SECRET BALLOTS EVERY YEAR.

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

Name and Title: FRANCISCO CABRERA, PRES. & SEC.	Name and Title: MARILYN GARCIA, V.P. AND TREASURER
Address: 542 AVENIDA DEL SUR	Address: 542 AVENIDA DEL SUR
CLEWISTON, FLORIDA 33440	CLEWISTON, FLORIDA 33440

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: FRANCISCO GARCIA  
Address: 542 AVENIDA DEL SUR  
CLEWISTON, FLORIDA 33440

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: FRANCISCO CABRERA  
Address: 542 AVENIDA DEL SUR  
CLEWISTON, FLORIDA 33440

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 famillar with and accept the appointment as registered agent and agree to act in this capacity

Francisco Cabrera  
Required Signature of Registered Agent

MAY 15, 2012  
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.

Francisco Cabrera  
Required Signature of Incorporator

MAY 15, 2012  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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