

N12000009350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700240174057

10/01/12--01018--014 **87.50

FILED
12 OCT -1 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 02 2012

COVER LETTER

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

SUBJECT: Embajadores del Reino 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: Pablo Contreras
Name (Printed or typed)

850 Saddle Oaks Dr.
Address

Winter Haven FL 33880
City, State & Zip

863-268-4464
Telephone number

joeldosdiez@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 OCT - 1 AM 9:53

FILED

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 Embajadores del Reino Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
850 Saddle Oaks Dr.
Winter Haven Fl 33880

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To help and provide information food and clothing to the community and share the gospel of Jesus Christ . All under the laws of the United States of America and the State of Florida

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

By majority of votes once a year made by officers and or directors

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pablo Contreras President
Address: 850 Saddle Oaks Dr.
Winter Haven Fl 33880

Name and Title: Rosalva Chavarria Treasurer
Address: 508 Riffle Range Rd
Bartow Fl 33830

Name and Title: Emeterio Chavarria Vice President
Address: 508 Riffle Range Rd
Bartow Fl 33830

Name and Title: _____
Address: _____

Name and Title: Araceli Torres Secretary
Address: 850 Saddle Oaks Dr.
Winter Haven Fl 33880

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: Pablo Contreras
Address: 850 Saddle Oaks Dr.
Winter Haven Fl 33880

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pablo Contreras
Address: 850 Saddle Oaks Dr.
Winter Haven Fl 33880

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

Pablo Contreras

Required Signature of Registered Agent

09-27-2012

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.

Pablo Contreras

Required Signature of Incorporator

09-27-2012

Date

FILED
12 OCT - 1 AM 9:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA