

N12000010357

(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:

~~W12-54247~~

Office Use Only



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10/23/12--01002--007 \*\*157.50

RECEIVED

12 OCT 23 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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12 OCT 31 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/14



1000 Ponce de Leon Blvd. Suite: 105  
Coral Gables, FL 33134  
Phone: 305-444-4994  
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Cross Of Calvary Corp.  
(CORPORATE NAME) (DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: \_\_\_\_\_

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 24, 2012

EXPRESS CORPORATE FILING SERVICES

SUBJECT: CROSS OF CALVARY, CORP.  
Ref. Number: W12000054247

We have received your document for CROSS OF CALVARY, CORP. and your check(s) totaling \$157.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

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.

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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 912A00026077

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

**ARTICLE I NAME**

The name of the corporation shall be: **CROSS OF CALVARY, CORP.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
12121 SW 114 PLACE  
MIAMI, FL 33176

Mailing address, if different is:  
12121 SW 114 PLACE  
MIAMI, FL 33176

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This is a nonprofit corporation, organized for charitable purposes and studies of Religion.  
Florida Corporation not for profit law set forth in Section 617 of the Florida Statutes.

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

By minutes and by-laws

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

Name and Title: Adrian Fonseca (P)  
Address: 12121 SW 114 PLACE  
MIAMI, FL 33176

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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: Adrian Fonseca  
Address: 12121 SW 114 PLACE  
MIAMI, FL 33176

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Adrian Fonseca  
Address: 12121 SW 114 PLACE  
MIAMI, FL 33176

*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

\_\_\_\_\_  
OCT. 22, 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.*

\_\_\_\_\_  
Required Signature of Incorporator

\_\_\_\_\_  
OCT. 22, 2012  
Date

FILED  
12 OCT 31 AM 8:00  
SECRETARY OF STATE  
12, TAMPA, FLORIDA