

N12000011729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

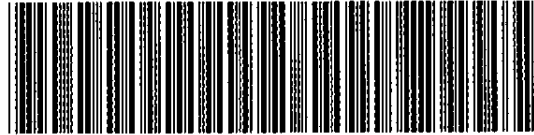
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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DIVISION OF CORPORATIONS
2012 DEC 18 AM 11:37
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12 DEC 18 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4



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Coral Gables, FL 33134
Phone: 305-444-4994
Email: filing@ecfsfiling.com

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

1. Jah Ministerio Cristiano De Alabanza y Adoracion sanacion
(CORPORATE NAME) (DOCUMENT #) Liberacion
INC.

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: _____

☒ Certified Copy ☐ Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input checked="" 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

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

ARTICLE I NAME

The name of the corporation shall be: JAH MINISTERIO CRISTIANO DE ALABANZA Y ADORACION SANACION LIBERACION, INC. EFFECTIVE 01/01/2013

ARTICLE II PRINCIPAL OFFICE

Principal street address
10615 SW 146 TER
MIAMI, FL 33176

Mailing address, if different is:
10615 SW 146 TER
MIAMI, FL 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THIS ORGANIZATION WILL HELP ALL THOSE INDIVIDUALS WITH DRUG ADDICTION, ALCOHOL ADDICTION, THE HOMELESS AND THE LESS FORTUNATE. THIS IS A HUMANITARIAN ORGANIZATION THAT WANTS TO MAKE A DIFFERENCE IN THE WORLD.

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: NICOLAS A. CABEZAS (P)
Address: 10615 SW 146 TER
MIAMI, FL 33176

Name and Title: _____
Address: _____

Name and Title: ANDRES ESPINOZA (S/T)
Address: 10615 SW 146 TER
MIAMI, FL 33176

Name and Title: _____
Address: _____

Name and Title: SARA TORRES (V/D)
Address: 10615 SW 146 TER
MIAMI, FL 33176

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

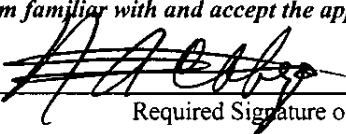
Name: NICOLAS A. CABEZAS
Address: 10615 SW 146 TER
MIAMI, FL 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NICOLAS A. CABEZAS
Address: 10615 SW 146 TER
MIAMI, FL 33176

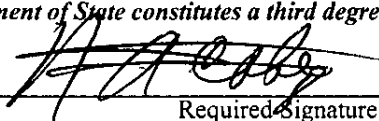
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

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

Date

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