

N/3000001746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

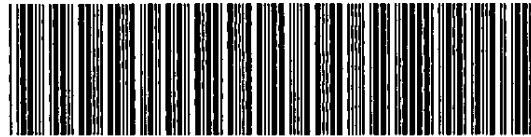
(Document Number)

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

Special Instructions to Filing Officer:

CORRECTED NAME OF  
CORPORATION + MANNER  
OF ELECTION PER  
TELEPHONE CONVERSATION  
WITH MARGARITA MATOS  
K 02/22/13

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 02/22/13

## COVER LETTER

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

**SUBJECT:** Guerrero De Oracion Outreach MINISTRIES, 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: Rev. Miguel Matos  
Name (Printed or typed)

P.O. Box 1834  
Address

Bronson, Florida 32621  
City, State & Zip

1-352-486-6246  
Daytime Telephone number

angellchristian@bellsouth.net

E-mail address: (to be used for future annual report notification)

**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**

The name of the corporation shall be: Guerreros De Oracion Outreach MINISTRIES, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
1840 NW 110th Ave

Ocala, Florida, 34482

Mailing address, if different is: \_\_\_\_\_

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

To reach the needy and homeless also assist them in reaching Salvation  
thru the Gospel of Our Lord Jesus Crist.

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

Directors are elected    thru votes

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

Name and Title: Rev. Miguel Matos; Pres

Address: 11332 NE 62nd Pl.  
Williston, Fl. 32696-2589

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

Address: \_\_\_\_\_

Name and Title: Rev. Raul Soto; V.P.

Address: 5521 NE 11th Ave  
Ocala, Fl. 34479

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

Address: \_\_\_\_\_

Name and Title: Rev Margarita Matos; Sec

Address: 11332 NE 62nd Pl  
Williston, Fl. 32696-2589

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

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: Rev. Miguel Matos

Address: 11332 NE 62nd Pl.

Williston, Fl. 32696-2589

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rev. Miguel Matos

Address: 11332 NE 62nd Pl.

Williston, Fl. 32696-2589

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TALLAHASSEE, FLORIDA

*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*

Miguel Matos  
Required Signature of Registered Agent

2/18/13  
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.*

Miguel Matos  
Required Signature of Incorporator

2/18/13  
Date