

01/29/2031

20:47

#5843 P.001/003

N13000002714

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000063847 3)))



H130000638473ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION IGLESIA PROMESAS DE BENDICIONES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

J. Shivers MAR 20 2013

RECEIVED

13 MAR 20 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

13 MAR 20 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/29/2031 23:47

H13000083847

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

ARTICLE I NAME

The name of the corporation shall be: IGLESIA PROMESAS DE BENDICIONES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

9950 SW 104 ST

MIAMI, FL 33176

Mailing address, if different is:

15221 SW 80 ST #606

MIAMI, FL 33193

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THIS IS A CHURCH TO PREACH
THE WORD OF GOD.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sandra E. Cruz (VP)

Address: 9950 SW 104 ST.
Miami, FL 33176

Name and Title:

Address:

Name and Title: Osvaldo Lara (P)

Address: 9950 SW 104 ST.
Miami, FL 33176

Name and Title:

Address:

Name and Title: Alejandra Cruz (T)

Address: 9950 SW 104 ST.
Miami, FL 33176

Name and Title:

Address:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

13 MAR 20 AM 10:17

FILED

H13000083847

H13000063847

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: OSVALDO LARA
 Address: 15221 SW 80 ST. #606
MIAMI, FL 33193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OSVALDO LARA
 Address: 15221 SW 80 ST. #606
MIAMI, FL 33193

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

03/20/2013
 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

03/20/2013
 Date

H13000063847

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

13 MAR 20 AM 10:17

FILED