

N17000007156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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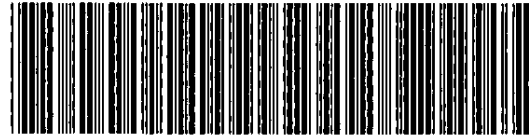
(Business Entity Name)

(Document Number)

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RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 APR -2 AM 11:00

FILED

APR 03 2013

COVER LETTER

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

SUBJECT: POR LA SANGRE DE CRISTO MINISTERIO CRISTIANO INTERNACIONAL 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: IRMA PEREZ
Name (Printed or typed)

2625 OLEANDER AVE
Address

FORT PIERCE, FL 34982
City, State & Zip

772-465-8478
Daytime Telephone number

DEIRMAS@YAHOO.COM
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:

POR LA SANGRE DE CRISTO MINISTERIO CRISTIANO INTERNACIONAL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

611 GARDENIA AVE
FORT PIERCE, FL 34982

Mailing address, if different is:

2625 OLEANDER BLVD
FORT PIERCE, FL 34982

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ECLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL AND SCIENTIFIC PURPOSES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

ELECTED BY THE MEMBERS ON A ONE-MEMBER, ONE VOTE BASIS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

NAME & TITLE: IRMA PEREZ, DIRECTOR
ADDRESS: 2625 OLEANDER BLVD
FORT PIERCE, FL 34982

ARTICLE VI REGISTERED AGENT

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

NAME : IRMA PEREZ
ADDRESS: 2625 OLEANDER BLVD
FORT PIERCE, FL 34982

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NAME: IRMA PEREZ
ADDRESS: 2625 OLEANDER BLVD
FORT PIERCE, FL 34982

ARTICLE VIII DISSOLUTION CLAUSE

UPON THE DISSOLUTION OF THIS ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT OR TO A STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE

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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

Isma Perez
Required Signature of Registered Agent

3-28-13
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.

Isma Perez
Required Signature of Incorporator

3-28-13
Date

13 APR -2 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED