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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

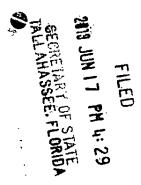
Office Use Only



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05/23/13--01019--013 **43.75

06/19/13--01001--010 ***70.00





ANNETTE, ALSO, J. WAS -COLO TO, LET YOU KNOW BY THE PEP THAT I SPOKE TO. TO REMIND THAT YOU HADE MY CHECK OF 43.75 THAT I HAD MAIL A FEW WEEKS AGO. SINCE THE DISSOLUTION IS \$135.00 YOU CAN TAKE THE BALANCE OF 8.25 AND APPLY IT TO THE NEW ARTICLE FOR the CERTIFIED COPY.

COVER LETTER

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

SUBJECT: REBUILDING LIVES 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

MIGUEL SANTIAGO

Name (Printed or typed)

11231 FLORA SPRINGS DR

Address

RIVERVIEW, FL 33579

City, State & Zip

813-526-4918

Daytime Telephone number

santiagom1023@gmail.com

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

NOTE: Please provide the original and one copy of the articles.

Whom IT MAY PONCORN, I Wiguel SANTIAGO HAVE NO TINTENTIONS OF REVOLKING THE DISSOLUTION FOR REBUILDING LIVES MINISTRIES, INC ELEFOLE I AM RELEASING THE AME TO THE NEW NON-PROFIT COLORATION, I HAVE TACKNOED THE

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

ARTICLE I The name of the	NAME REBUILDING	ELIVES MINISTRIES, INC _{FILED}
ARTICLE II		. 7 PM 4: 29
1123	Principal <u>street</u> address: 31 FLORA SPRINGS DR	Mailing address, if different is: OF STATE SECRETARY SEE, FLORIDA
RIV	'ERVIEW, FL 33579	D
ARTICLE III The purpose for OF PEOF	PURPOSE r which the corporation is organized is: PLE TO SERVE THE COMM	IURCH ORGANIZATION CREATED FOR A GROUP IUNITY AND MINISTER THE WORD OF GOD
ARTICLE IV	Should BE AS STE	anner in which the directors are elected and appointed: STED THE BY-LAWS RECTORS
Name and Title	::MIGUEL SANTIAGO(PRESIDENT)	Name and Title:
Address	RIVERVIEW, FL 33579	Address:
Name and Title	P:	Name and Title:
Address		Address:
Name and Title		Name and Title:
Address		Address:

Name and Title:_	Name and Title:
Address	Address:
_	
Name and Title:_	Name and Title:
Address	Address:
ARTICLE VI	REGISTERED AGENT
	orida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	MIGUEL SANTIAGO
Address:	11231 FLORA SPRINGS DR
	RIVERVIEW, FL 33579
ARTICLE VII	INCORPORATOR
Name:	dress of the Incorporator is: HQUEU SANTIAGO
Address:	11231 PLORA SPLINGS DR LIVERVIEW FL 33579
	med as registered agent to accept service of process for the above stated corporation at the place designated in this finiliar with and accept the appointment as registered agent and agree to act in this capacity
7	Required Signature of Jegistered Agent Date Date
	ment and affirm that the facts stated herein are true. I am aware that any false information submitted in a document top state constitutes a third degree felony as provided for in s.817.155, F.S.
	Required Signature of Incorporator 6/11/3 Date
	A Company of the Comp