

NI3000006230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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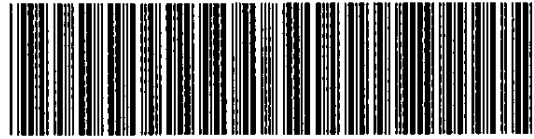
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/20/13--01016--013 **78.75

1113-35989

MD 7/11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2013

MARTIZA COLLAZO
3846 CURRY FORD ROAD
ORLANDO, FL 32806

SUBJECT: CENTRO CRISTIANO EMMANUEL, INC
Ref. Number: W13000035989

We have received your document for CENTRO CRISTIANO EMMANUEL, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 213A00015633

COVER LETTER

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

SUBJECT: **CENTRO CRISTIANO EMMANUEL, 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: **MARITZA COLLAZO**
Name (Printed or typed)

3846 CURRY FORD ROAD
Address

ORLANDO FL 32806
City, State & Zip

407-896-7113
Daytime Telephone number

MASTERTAXSERVICEINC@YAHOOO.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: CENTRO CRISTIANO EMMANUEL, INC. of Kissimmee,

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3249 SOUTH JOHN YOUNG PARKWAY
KISSIMMEE FL 34746

Mailing address, if different:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Said organization is organized exclusively for charitable, religious, educational, and scientific
purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the IRS Code, or
corresponding section of any future federal tax code. Upon the dissolution of the organization assets shall be distributed for one or more exempt purposes within
the meaning of section 501(c)(3), of the IRS code, or corresponding section of any future tax code, or shall be distributed to the federal government or to a state
or local government, for public purpose. Any such assets not disposed of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the organization
is then located, exclusively for such purposes or to such organization or organizations as said court shall determine which are organized and operated exclusively for such purposes.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: AS PROVIDED
FOR IN THE BY-LAWS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUIS DE PENA, PRESIDENT

Address: 4714 HARDY MILLS ST
KISSIMMEE FL 34758

Name and Title: RAYMOND SUAREZ, VP

Address: 457 SPIKE COURT
KISSIMMEE FL 34759

Name and Title: ALEYDA M. ALMENDAREZ, S

Address: 2725 PATRICIAN CIRCLE
KISSIMMEE FL 34746

Name and Title: VICTOR M ESPINAL, T

Address: 544 DOVE COURT
KISSIMMEE FL 34759

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: VICTOR M ESPINAL

Address: 544 DOVE COURT
KISSIMMEE FL 34759

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VICTOR M ESPINAL

Address: 544 DOVE COURT
KISSIMMEE FL 34759

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

Victor Espinal
Required Signature of Registered Agent

06-13-13
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.

Victor Espinal
Required Signature of Incorporator

06-13-13
Date