

N13000007925

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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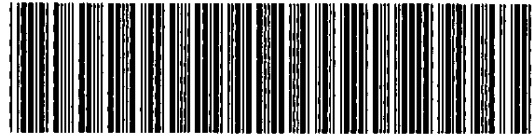
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 AUG 29 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W13-46134

K 09/04/13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2013

ANA CELIA COLON
2341 S.E. SEAMIST ST.
POERT ST. LUCIE, FL 34952

SUBJECT: INSTITUTO BIBLICO "LA SEMILLA"
Ref. Number: W13000046134

RECEIVED
13 AUG 29 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for INSTITUTO BIBLICO "LA SEMILLA" 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 must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please fill out the paper application enclosed; the screen print of the "online" application is not acceptable. Please fill out every line and include the 2 required signatures.

To get a refund for the "online" application -- please "reply" to the last rejection e-mail. State that you no longer wish to proceed with the online application and include your address information -- your credit card will be credited; but we need the address information to fill out our refund form.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 813A00019773

COVER LETTER

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

SUBJECT: INSTITUTO BIBLICO "LA SEMILLA" 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: CYRO CAMPOS
Name (Printed or typed)

2341 S.E. SEAMIST ST.
Address

PORT ST. LUCIE, FL. 34952
City, State & Zip

(661) 341-1578 - (561) 837-3201
Daytime Telephone Number

CAMPOS CYRO CYRO @ AOL.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: INSTITUTO BIBLICO "LA SEMILLA" INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2341 S.E. Seamist St.

Port St. Lucie

FL. 34952

Mailing address, if different is:

2341 SE. Seamist St.

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: IS TO SERVE THE COMMITTEE AND
MEMBER OF THE CHURCH TO SOWED THE WORD OF GOD THAT WILL
PRODUCE THE FRUIT IN EVERY STUDENT. OBJECTIVE OF THE INSTITUTION
IS TO BE A SOURCE THAT IT COULD INTERFERENCE IN THE PEOPLE
A STRONG CALL TO SPREAD THE WORD OF GOD TO EVERYONE. WE
ALSO TEACH DIFFERENT COURSES, LIKE THE STORY OF THE CHRISTIAN
CHURCH, BOOK OF MARTYRS IN THE PERIOD OF THREE YEARS. ALSO PASTORAL STUDIES ETC.

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: CYRO CAMPOS (P.)

Address: 103 4th Street

Jupiter, FL

33458

Name and Title: RAMON COLON (V.P.)

Address: 2341 SE. Seamist St

Port St. Lucie, FL

34952

Name and Title: Delfina Campos (Treas.)

Address: 103 4th Street

Jupiter, FL

33458

Name and Title: ANA CELIA COLON (Sec.)

Address: 2341 SE. Seamist St.

Port St. Lucie, FL

34952

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: CYRO Campos

Address: 2341 S.E. Sealmist St
Port St. Lucie, FL 34952

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CYRO Campos

Address: 2341 S.E. Sealmist St
Port St. Lucie, FL 34952

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

Cyro Campos
Required Signature of Registered Agent

08-26-13

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.

Cyro Campos
Required Signature of Incorporator

08-26-13

Date