

N130000/0679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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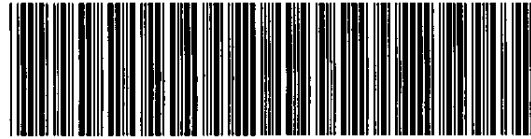
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/14/13--01012--010 **78.75

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13 NOV 26 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
11/27/13

COVER LETTER

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

SUBJECT: Mision El Buen Pastor, Diocese of Quincy, IL, 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: Reverend Luis A Gonzalez
Name (Printed or typed)

17575 SW 10th St
Address

Pembroke Pines, FL 33029
City, State & Zip

954-258-2127
Daytime Telephone number

frlou@outlook.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2013

REVEREND LUIS A GONZALEZ
17575 SW 10TH ST
PEMBROKE PINES, FL 33029

SUBJECT: MISION EL BUEN PASTOR, DIOCESE OF QUINCY, IL, INC
Ref. Number: W13000063294

RECEIVED
13 NOV 26 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MISION EL BUEN PASTOR, DIOCESE OF QUINCY, IL, 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 title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 913A00026498

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

ARTICLE I NAME

The name of the corporation shall be:

Mision El Buen Pastor, Diocese of Quincy, IL, Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

17575 SW 10th St

Pembroke Pines, FL 33029

Mailing address, if different is:

13 NOV 26 PM 12:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Worship, Teach The Word of God from The Bible,

Teach The Catechism According to The Teachings of The Anglican Church of North America,

Help the poor and the needy of the Community.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Elected at the

Annual Meeting and Confirmed by The Bishop of The Diocese

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Reverend Luis A Gonzalez, ~~Worship~~

PASTOR

Address

17575 SW 10th St

Pembroke Pines, FL 33029

Name and Title:

Diana Arenas - ~~Clerk~~

SECRETARY

Address:

26 Madrid Lane

Davie, FL 33324

Name and Title:

Christopher W. Navarro, ~~Warden~~

VICE PRESIDENT

Address

5401 SW 64th Ave, #24

Davie, FL 33314

Name and Title:

Address:

Name and Title:

Nahommy Guzman - Treasurer

Address

7752 N. Southwood Circle

Davie, FL 33328

Name and Title:

Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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13 NOV 26 PM 12: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Reverend Luis A Gonzalez

Address: 17575 SW 10th St

Pembroke Pines, FL 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Reverend Luis A Gonzalez

Address: 17575 SW 10th St

Pembroke Pines, FL 33029

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

Reverend Luis A Gonzalez

Required Signature of Registered Agent

10/26/13

-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.

Reverend Luis A Gonzalez

Required Signature of Incorporator

10/26/13

Date