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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Ministerio Un Nuevo Comienzo 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: Elias Jason Baires
Name (Printed or typed)

5693 Holden Rd
Address

Cocoa, Florida 32927
City, State & Zip

612-203-6634
Daytime Telephone number

jasonbaires@hotmail.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: Ministerio Un Nuevo Comienzo Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5693 Holden Road

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to be a multicultural, biblically grounded family of
believers and provide support to our community with the message of the gospel and demonstration of love and service

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
as stated in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elias J Baires, President

Address: 5693 Holden Rd
cocoa, fl 32927

Name and Title: Maranjelie Baires, Vice President

Address: 5693 Holden Rd
cocoa, fl 32927

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
14 JAN 27 PM 3:43
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: Elias J. Baires

Address: 5693 Holden Rd
Cocoa, FL 32927

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

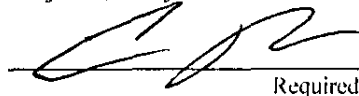
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Elias J. Baires

Address: 5693 Holden Rd
Cocoa, FL 32927

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

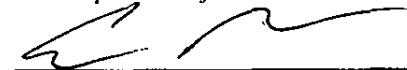


Required Signature of Registered Agent

1-22-14

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.



Required Signature of Incorporator

1-22-14

Date