

N/4000002729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

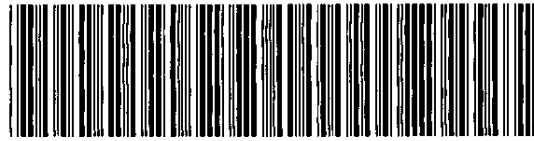
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200257136922

03/21/14--01010--014 **87.50

RECEIVED
DEPARTMENT OF STATE
14 MAR 21 AM 11:47

RECEIVED
DEPARTMENT OF STATE
PALM BEACH COUNTY
FLORIDA
14 MAR 21 AM 11:59

RECEIVED
FILED

N 03/21/14

COVER LETTER

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

SUBJECT: Fresh harvest interventional Ministries
(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: Victor M. Cardona
Name (Printed or typed)

668 Linwood AVE
Address

Jax. FL 32206
City, State & Zip

904-729-8994
Daytime Telephone number

Jvillechica68@gmail.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: Fresh Harvest International Ministries Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

668 Linwood AVE

Jax. FL 32206

Mailing address, if different is:

7920 ORIOLE ST Apt 804

Jax. FL 32208

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CHURCH Ministries

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed APPOINTED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Victor M. Cardona Name and Title: 668 Linwood AVE

Address: 668 Linwood AVE Address: Impact
Jax Fla 32209

Name and Title: Mary A Chatman Name and Title: Impact

Address: 8866 Eoman Dr Address:
32209 Box Fla

Name and Title: Miguel Alvarado Name and Title: Impact

Address: 1619 Leon Rd Address:
Jax Fla 32208

STATE OF FLORIDA

14 MAR 21 AM 11:59

FILED

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: Victor M. Cardona

Address: 7920 ORIOLE ST Apt 804
Jax. FL 32208

STATE OF FLORIDA
DEPARTMENT OF STATE

14 MAR 21 AM 11:59

APPROVED
FILED

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Victor M. Cardona

Address: 668 LINWOOD AVE
Jax. FL 32206

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 M. Cardona
Required Signature of Registered Agent

3/21/14
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.

Victor M. Cardona
Required Signature of Incorporator

3/21/14
Date