

(Re	equestor's Name)	
(Ac	dress)	
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(Cid	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
	/	
Øc	cument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

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

SUBJECT: MINISTERIO INTERNACIONAL JESURISTO EL 164 DE REYESTINC.
(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

\$87.50

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: JAIME R. BALMACEDA
Name (Printed or typed)

Name (Printed or typed

2609 NW 32 NO STREET

Mirmi FL 33147

305- 467-7592 Daytime Telephone number

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	INTERNACIONAL JESUCRISTO EL REY DE REYES, INC.
ARTICLE II PRINCIPAL OFFICE	
Principal street address: 2609 NW 33 SC.	Mailing address, if different is:
MIAMIJEL 33142	
ARTICLE III PURPOSE	
	TO EXPAND THE WORD OF JESUS CHRIST
	GHBORING CITIES AND OTHER STATES, ORGANIZE
several ministries within	the church to provide Assistance to the
	desperate need. This IS A Christian
MISSIONARY MINISTRY	And church food for the poor And
SPIRITUAL Advise for fa	
	_
ARTICLE IV MANNER OF ELECTION Th	e manner in which the directors are elected and appointed:
selected by Appoint	INTMENT AT AN ANNUAL MEETING
ARTICLE V INITIAL OFFICERS AND/OR	DIRECTORS
Name and Title: JAIME RE PALMAGAA PASTOL AND PRESIDENT Address	Name and Title: MANUEL HOLGUIN JINGUEZ (CO-FASTOR AND VICEMES; CONT.)  Address: 13876 SW 56th ST 1977389
2609 NW 33 NO SI	Mismi, FL 33175
mimi, FL 33147	<del></del>
Name and Title: PROWN MARTIALE (DEACON AND	Name and Title: THILLETH ESPINOZA (TEACHER AND TREASURED)
Address 2609 NW 32 ND SC	Address: 13876 SW 56th ST APT#389
Mismi, F2 33142	Miami, FL 33175
Name and Title:	Name and Title:
Address	Address:

Name and Title:	: Name and Title:	
Address	Address:	
-		
Name and Title;	Name and Title:	
Address _	Address:	
ARTICLE VI	Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	JAIME R. BALMACEDA	
Address:	2609 NW 38ND ST	
	MinnigFL 33142	
ARTICLE VII		
The name and a	TAIME R. BUMACEDA	
Address:	7609 NW 32ND SC	
	Miami, FL 33142	
Having been na	amed as registered agent to accept service of process for the above stated corporation at the place designated	d ip this
certificate, I am	a familiar with and accept the appointment as registered agent and agree to act in this capacity	/ _
χ	Tour # 04/06/1  Required Signature of Registered Agent  Date	14
I submit this doc to the Departme	ocument and affirm that the facts stated herein are true. I am aware that any false information submitted in a do ent of State constitutes a third degree felony as provided for in s.817.155, F.S.	ocument
*	Required Signature of Incorporator Date	7