



**COVER LETTER**

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

**SUBJECT:** Confraternidad Interdenominacional de Ministros Asociados (CIMA), 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: Pastor Armando Reyes**  
Name (Printed or typed)

**2901 Dartmouth N. Ave.**  
Address

**Saint Petersburg, FL 33713**  
City, State & Zip

**(727) 686-2877**  
Daytime Telephone number

**armando\_reyes@yahoo.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

April 2, 2014

PASTOR ARMANDO REYES  
2901 DARTMOUTH N AVE  
SAINT PETERSBURG, FL 33713

SUBJECT: CONFRATERNIDAD INTERDENOMINACIONAL DE MINISTROS  
ASOCIADOS (CIMA), INC.  
Ref. Number: W14000021023

We have received your document for CONFRATERNIDAD INTERDENOMINACIONAL DE MINISTROS ASOCIADOS (CIMA), INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return 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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 714A00007051

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

**ARTICLE I NAME**

The name of the corporation shall be: Confraternidad Interdenominacional de Ministros Asociados, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
11 North McMullen Booth Road  
Clearwater, FL 33559

Mailing address, if different is:  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide an association where the different pastors and ministers can share experiences, situations, problems, and epiphanies, so that they can enhance their relationship with our Lord Jesus Christ, as well as their ability to serve the people they have determined to lead to Him.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: The active members (dues paying and at quorum - 50% + 1) will nominate, vote, and elect the directors.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Pastor Armando Reyes, President  
Address: 2901 Dartmouth Ave. North  
Saint Petersburg, Florida 337123  
(727) 686-2877

Name and Title: Pastor Alain Lopez, V. President  
Address: 515 Rosier Road  
Brandon, Florida 33510  
(813) 340-0349

Name and Title: Pastor Moises Secundino, Secretary  
Address: 1446 Byram Drive  
Clearwater, Florida 33755  
(727) 458-1007

Name and Title: Pastor Pedro Hernandez, Treasurer  
Address: 1443 Dartmouth Drive  
Clearwater, Florida 33756  
(727) 643-0717

Name and Title: Pastor Josue Vizcay, Vocal  
Address: 4051 58th St N. #136  
Kenneth City, Florida 33709  
(727) 709-5971

Name and Title: Pastor Jose Medina, Vocal  
Address: PO Box 3353  
Pinellas Park, Florida 33780  
(727) 564-3906

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
14 MAY - 7 AM 8:50  
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: Pastor Helion W. Cruz  
Address: 4200 62nd Ave N. Ste. D  
Pinellas Park, FL 33781


FILED  
14 MAY -7 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Pastor Armando Reyes  
Address: 2901 Dartmouth Ave. N  
Saint Petersburg, FL 33713

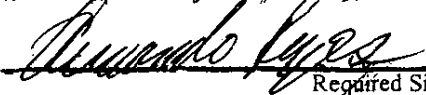
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature of Registered Agent

03/22/2014  
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

03/22/2014  
Date