

NA000004940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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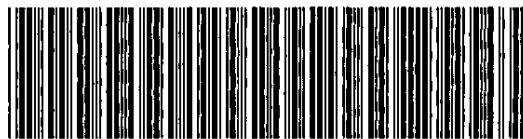
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

WA-255526

COVER LETTER

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

SUBJECT: Iglesia Casa de Oración del Nuevo Pacto,
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) CORP.

Enclosed are 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 of
Status
ADDITIONAL COPY REQUIRED

FROM: Rev. Rafael A. Montañez
Name (Printed or typed)

3422 17th Street West
Address

Lehigh Acres, FL 33971
City, State & Zip

239-245-3245
Daytime Telephone number

rmontanez1330@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

May 7, 2014

REV. RAFAEL A MONTANEZ
3422 17TH ST W
LEHIGH ACRES, FL 33971

SUBJECT: IGLESIA CASA DE ORACION DEL NUEVO PACTO, CORP.
Ref. Number: W14000028826

RECEIVED
14 MAY 15 PM 12:17
TALLAHASSEE, FLORIDA

We have received your document for IGLESIA CASA DE ORACION DEL NUEVO PACTO, CORP. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The incorrect form was submitted to our office.

We are enclosing the proper form(s) with instructions for your convenience.

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: 514A00009738

COVER LETTER

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

SUBJECT: IGLESIA CASA DE ORACIÓN DEL NUEVO PACTO, CORP.
(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: REV. RAFAEL A. MONTAÑEZ
Name (Printed or typed)

3422 17th ST W.
Address

LEHIGH ACRES, FL 33971
City, State & Zip

239-245-3245
Daytime Telephone number

rmontañez1330@yahoo.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: IGLESIA CASA DE ORACIÓN DEL NUEVO PACTO . CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3422 17th St W
Lehigh Acres
FL 33971

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Making Christ in our city
and area by all available means. To conserve the
results of our efforts by establishing and
developing believers in a united and co-operative
fellowship. To maintain a place for worship of
Almighty God our Heavenly Father. To provide for
Christian fellowship where the Holy Spirit may be honored.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The board of
Directors shall be elected by the membership of the church.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

(PRES.)

Name and Title: Rafael A. Montañez

Address: 3422 17th St W
Lehigh Acres
FL 33971

Name and Title: Lily Garcia (Sec)

Address: 1239 Denham
St East
Lehigh Acres, FL 33974

Name and Title: _____

Address: _____

(TREA)

Name and Title: Carmen Aviles

Address: 2253 8th Place
Lehigh Acres
FL 33934

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

14 MAY 15 AM 7:31

FILED

(cont.)

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: _____

Address: _____

Rev. RAFAEL A. MONTANEZ
3422 17th Street W.
Pelican Acres, FL. 33971

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

Address: _____

Rev. RAFAEL A. MONTANEZ
3422 17th Street W.
Pelican Acres, FL. 33971

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/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

Date

FILED
14 MAY 15 AM 7:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA