

N1140001867153

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000186715 3)))



H140001867153ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

FILED
2014 AUG - 7 AM 11: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
IGLESIA BAUTISTA MONTE DE LOS OLIVOS INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

14 AUG - 7 AM 11: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME
The name of the corporation shall be: IGLESIA BAUTISTA MONTE DE LOS OLIVOS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1234 WEST 31ST STREET
HIALEAH, FLORIDA 33012

Mailing address, if different is:
702 WEST 35TH STREET
HIALEAH, FLORIDA 33012

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: FULFILLING THE GREAT COMMISSION;
SPREADING THE GOSPEL OF JESUS CHRIST OF THE BIBLE THROUGHOUT
THE WORLD ACCORDING TO MARK 16.15 AND CREATING, DEVELOPING
AND SUPPORTING CHRISTIAN MINISTRIES.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
AS APPROVED FOR IN THE BYLAWS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA DE LEON - P
Address: 9186 NW 117TH TERRACE
HIALEAH GARDENS, FL
33018

Name and Title: SONIA SALGADO - VP
Address: 559 SE 1ST STREET
HIALEAH, FL 33010

Name and Title: WILFREDO RAMIREZ - REV
Address: 702 WEST 35TH STREET
HIALEAH, FL 33012

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 AUG - 7 AM 11:52

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: WILFREDO RAMIREZ - REV

Address: 702 WEST 35TH STREET
HIALEAH, FL 33012


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIA DE LEON

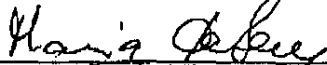
Address: 9186 NW 117TH TERRACE
HIALEAH GARDENS FL 33018

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

8-7-14
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

8-7-14
Date