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COVER LETTER

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

SUBJECT: Contigo En Mente Ministries, 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: Damaris Rodriguez
Name (Printed or typed)

5207 Adair Oak Dr.
Address

Orlando, FL 32829
City, State & Zip

407. 383. 7595
Daytime Telephone number

contigoenmente3@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: Contigo En Monte Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
5207 Adair Oak Dr.
Orlando, FL 32829

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to bring a message of hope. To be an alternative to all the negative messages we hear day in and day out. Our ministry will engage in many different social causes within the city of Orlando and its vicinities. We will make a difference in people's lives and in the heart of our city.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The initial directors are appointed by the founder. Thereafter, the organization's Bylaws stipulate the manner of election as well as the term of office, qualifications, termination and other matters pertinent to these individuals.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Damaris Rodriguez, President
Address: 5207 Adair Oak Dr, Orlando, FL 32829

Name and Title:
Address:

Name and Title: Carlos Rodriguez, Vice President
Address: 5207 Adair Oak Dr, Orlando, FL 32829

Name and Title:
Address:

Name and Title: Luis Gonzalez, Secretary
Address: 5207 Adair Oak Dr, Orlando, FL 32829

Name and Title:
Address:

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: Damaris Rodriguez

Address: 5207 Adair Oak Dr.
Orlando, FL 32829

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Carlos Rodriguez

Address: 5207 Adair Oak Dr.
Orlando, FL 32829

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

_____ 09.18.2014

Required Signature of Registered Agent 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.

_____ 09.18.2014

Required Signature of Incorporator Date