

N14 0000011024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

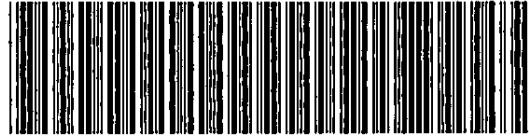
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC - 1 PM 4:04

APPROVED
AND
FILED

144

ATTORNEYS CORPORATION SERVICE, INC.
5668 EAST 61ST STREET
COMMERCE, CA 90040
TEL: (800) 462-5487 ext.103 FAX: (800) 388-0330
EMAIL: mgomez@attorneyscorpservice.com

DOCUMENT FILING REQUEST LETTER

REGULAR FILING SERVICE

DATE: 11/17/2014

FROM: TEN 6 TRAN
~~MACHEAL GOMEZ~~

Client Matter: # 9039624

TO: REGISTRATION SECTION
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: Inglesia Fraternindad Cristiana of Jacksonville

Enclosed is one of the following: **(1) Articles of Incorporation**

Return request with filing: **(1) Certified Copy**

Return request via following: **(X) Priority Mail/Email**

Total Page(s) attached including transmittal page: (4)

****Fax/Email a copy of the filed documents upon acceptance of filing****

****PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:
ATTORNEYS CORPORATION SERVICE, INC.**
5668 E. 61ST STREET
COMMERCE, CA 90040**

****PLEASE CONFIRM UPON RECEIVED DOCUMENTS****

NOTE(S):

COVER LETTER

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

SUBJECT: Rural Development Therapy Foundation Incorporated
(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: Rocket Lawyer
Name (Printed or typed)

5668 E 61st St
Address

Commerce, CA 90040
City, State & Zip

(800) 462-5487
Daytime Telephone number

hectorortiz111@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 FRATERNIDAD CRISTIANA OF JACKSONVILLE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2102 SUNRISE DR

JACKSONVILLE, FL 32246

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

CHURCH THAT MINISTRY CHRISTIAN VALUES TO THE JACKSONVILLE COMUNITY

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

As prescribed in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LIONEL GALO - PRESIDENT

Address: 2102 SUNRISE DR
JACKSONVILLE FL 32246

Name and Title: MARLENY GALO - VICE-PRESIDENT

Address: 2102 SUNRISE DR
JACKSONVILLE FL 32246

Name and Title: BRIAN BACOLOR - TREASURER

Address: 8214 PRINCETON SQUARE BLVD E APT. 507
JACKSONVILLE FL 32256

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC - 1 PM 4:04

APPROVED
AND
FILED

APPROVED
AND
FILED

14 DEC -1 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: LIONEL GALO

Address: 2102 SUNRISE DR
JACKSONVILLE, FL 32246

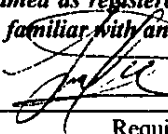
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Teng Tran

Address: 5668 E 61st St
Commerce, CA 90040

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

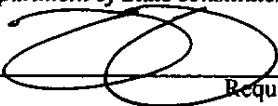


Required Signature of Registered Agent

10/24/14

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

10/24/14

Date