100001051

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/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



000266919070

12/01/14--01045--021 **87.50

DEC - 4 2014)

T. SCOTT

COVER LETTER

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

SUBJECT: Ministerio Internacional da Alianca 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: Gisele Ramos

Name (Printed or typed)

900 Sanctuary Cove Drive

Address

North Palm Beach, Florida 33410

City, State & Zip

561.714.6052

Daytime Telephone number

PauloMiranda84@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 he corporation shall be: Ministerio Inte	ernacional da Alianca Inc.	
ARTICLE I	PRINCIPAL OFFICE		
900	Principal <u>street</u> address: D Sanctuary Cove Drive	Mailing address, if different is:	
No	orth Palm Beach, Florida 33	410	
ARTICLE I	II PURPOSE		
	or which the corporation is organized is:	urpose for which the corporation is organized is to create a united b	
		participants love God, love and serve people, become spiritually m	
		poration is perpetual unless dissolved according to law.	
ARTICLE	V INITIAL OFFICERS AND/OR DIR		DEC -1 AM
Name and Tit	900 Sanctuary Cove Dr	Name and Title:	
Address	North Palm Beach, Florida	Address:	<u>ن</u> ش
	33410		
Name and Tit	Paulo Miranda Vice President	Name and Title:	
Address	900 Sanctuary Coyo Drive	Address:	
Address	North Palm Beach, Florida	Additss.	
	33410		
Name and Tit	Norman Benz, Secretary/Treasurer	Name and Title:	
Address	9153 Roan Lane	Address:	
	Palm Beach Gardens, Florida		
	33403		

Name and Title:_	N	Name and Title:	
Address		Address:	
_			
Name and Title:	N	Name and Title:	
Address	A		
ARTICLE VI	REGISTERED AGENT		.a. 826 €
The name and Flo	rida street address (P.O. Box NOT accepta	able) of the registered agent is:	· · · · · · · · · · · · · · · · · · ·
Name:	Paulo Miranda		030 010 010 010 010 010 010 010 010 010
Address:	900 Sanctuary Cove Dri	ve	1 305 3
	North Palm Beach, Florida 33	3410	AN D
ARTICLE VII The name and add	INCORPORATOR Iress of the Incorporator is:		0: 23
Name:	Gisele Ramos		
Address:	900 Sanctuary Cove Drive		
	North Palm Beach, Florida 33	3410	
certificate, I am fa		process for the above stated corporation at the place registered agent and agree to act in this capacity gent Date	1
I submit this docu- to the Department	nent and affirm that the facts stated herein of State constitutes a third degree felony as Required Signature of Incorpo	11/15/2	ted in a document