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STOCK MARKET
DIVISION OF REVENUE

DEC 08 2014

T. SCOTT

COVER LETTER

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

SUBJECT: Iglesia La Gloria de Dios Mi Refugio, MIP 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: Andy Osorio
Name (Printed or typed)

6751 Lenox Ave.
Address

Jacksonville, Fl. 32205
City, State & Zip

904- 403- 8972
Daytime Telephone number

rebeca.osorio7@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: Igesia La Gloria de Dios Mi Refugio, MIP Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: .
9951 Atlantic Blvd. Suite 402

Jacksonville, Fl. 32225

Mailing address, if different is:
6751 Lenox Ave.

Jacksonville, Fl. 32205

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Said corporation is organized exclusively for religious services.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: They are
elected at the annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pastor Andy Osorio

Address: 6751 Lenox Ave.
Jacksonville, Fl. 32205

Name and Title: Pastor Rebeca Osorio

Address: 6751 Lenox Ave.
Jacksonville, Fl. 32205

Name and Title: Pastor Rey Vargas

Address: 7903 La Trec Dr.
Jacksonville, Fl. 32221

Name and Title: Pastor Candy Vargas

Address: 7903 La Trec Dr.
Jacksonville, Fl. 32221

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY
DIVISION OF REVENUE
FLORIDA DEPARTMENT OF REVENUE

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: Rebeca Osorio
Address: 6751 Lenox Ave.
Jacksonville, Fl. 32205

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rebeca Osorio
Address: 6751 Lenox Ave.
Jacksonville, Fl. 32205

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

Rebeca Osorio
Required Signature of Registered Agent

11-7-2014

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.

Rebeca Osorio
Required Signature of Incorporator

11-7-2014

Date