## 140001162

(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:				

WIY WW 62332

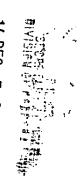
DEC 0 8 2014 T. SCOTT



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## **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 Inco	rporation and a	a check for:
Dilaione in mi	Original and	O.10 (1)	oop, or me	TITIOIOS OF HIGO	i poration and t	* * * * * * * * * * * * * * * * * * *

\$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 The name of th	NAME Igesia La Glo	oria de Dio	s Mi Refugio, MIP Inc.		
ARTICLE II					
995	Principal <u>street</u> address: . 1 Atlantic Blvd. Suite 402	Mailing address, if different is: 6751 Lenox Ave.			
Jac	Jacksonville, Fl. 32225		Jacksonville, Fl. 32205		
	PURPOSE or which the corporation is organized is: Services.	aid corpora	ntion is organized exclusi	vely for	
					<del></del>
ARTICLE IV	the annual meeting.		directors are elected and appointed:	ey are	
Name and Title	Pastor Andy Osorio	Name and Title	Pastor Rebeca Osorio		
Address	6751 Lenox Ave.	Address:	6751 Lenox Ave.		
	Jacksonville, Fl. 32205	-	Jacksonville, Fl. 32205		
Name and Title	Pastor Rey Vargas	Name and Title	Pastor Candy Vargas		
Address	7903 La Trec Dr.	Address:	7903 La Trec Dr.	14	<u>.</u>
	Jacksonville, Fl. 32221		Jacksonville, Fl. 32221	. DEC -	VISIAN SERS.
Name and Title	· ·	Name and Title		-5 PH	
Address				12:4	

Name and Title:		Name and Title:	-	
Address		Address:	-	
_			-	
Name and Title:_		Name and Title:	_	
Address		Address:	~	
_		<del></del>	-	
			<b>-</b> /	
ARTICLE VI	REGISTERED AGENT			
The name and Flo	orida street address (P.O. Box NOT accep	table) of the registered agent is:		GD
Name:	Rebeca Osorio		14[	V <sub>S</sub> S
Address:	6751 Lenox Ave.	·	DEC	. D
	Jacksonville, Fl. 32205	· ,	-2	
ARTICLE VII	INCORPORATOR		PM 2:	
	dress of the Incorporator is:		։	Taring Comments
Name:	Rebeca Osorio		∾	and the second
Address:	6751 Lenox Ave.	<del> </del>		•
	Jacksonville, Fl. 32205	<del></del>		
		of process for the above stated corporation at the place registered agent and agree to act in this capacity	design	ated in this
Pelveca Secretion Required Signature of Registered Agent		11-7-2014	11-7-2014	
		Agent Date		
	ment and affirm that the facts stated herei t of State constitutes a third degree felony a	n are true. I am aware that any false information submi ss provided for in s.817.155, F.S.	tted in	a document
Ro l	Mera (Donner)	11-7-2014	4	
	Required Signature of Incorp	·	-	<del></del>