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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

29159

COVER LETTER

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

SUBJECT: IGLESIA EL BUEN PASTOR, DOQ-ACNA, 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: REV LUIS A GONZALEZ
Name (Printed or typed)

6642 STIRLING ROAD
Address

DAVIE, FL 33024
City, State & Zip

954-258-2127
Daytime Telephone number

frlou@outlook.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 EL BUEN PASTOR, DOQ-ACNA, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6642 STIRLING ROAD
DAVIE, FL 33024

Mailing address, if different is:
SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO WORSHIP, TEACH THE BIBLE, TEACH
THE CATHECHISM OF THE ANGLICAN CHURCH OF NORTH AMERICA,
HELP THE POOR AND THE NEEDY OF THE COMMUNITY,

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: BY THE PASTOR AND APPROVED BY THE BISHOP.

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15 FEB -2 PM 4:45
TALLAHASSEE
SECRETARY OF STATE
FLORIDA
APPOINTED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>REV LUIS A GONZALEZ - PASTOR</u>	Name and Title:	_____
Address	<u>17575 SW 10th ST</u>	Address:	_____
	<u>PEMBROKE PINES, FL 33029</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	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: REV LUIS A GONZALEZ
Address: 17575 SW 10TH ST
PEMBROKE PINES, FL 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: REV LUIS A GONZALEZ
Address: 17575 SW 10TH ST
PEMBROKE PINES, FL 33029

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

Rev Luis A Gonzalez
Required Signature of Registered Agent

1/27/15
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.

Rev Luis A Gonzalez
Required Signature of Incorporator

1/27/15
Date