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(Requestor's Name)

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(City/State/Zip/Phone #)

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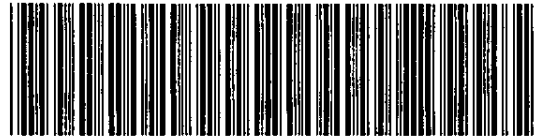
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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15 FEB -9 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2-13-15-9

# IRIZARRY MENDEZ LAW FIRM

P.O. Box 771713  
Orlando, FL 32877

**Physical Address**  
605 E. Robinson St., Suite 130  
Orlando, FL 32801

JESUS IRIZARRY, ESQUIRE  
Tel: (321) 300-4LAW (529)  
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ImLaw@Bufetelrizarry.com

VIA USPS MAIL

February 4, 2015

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

**RE: IGLESIA CRISTIANA SERVIDORES DE JESUCRISTO, INC.**

Dear Sir or Madam,

I hope this letter finds you in the best of your health and good spirits!

Enclosed herein you will find the *Articles of Incorporation of Iglesia Cristiana Servidores de Jesucristo, Inc.* and a check in the amount of seventy eight dollars and seventy five cents (\$78.75) associated with this filing.

Please direct any further communications with my Client, regarding this matter, to my office.

Respectfully submitted,

IRIZARRY MENDEZ PL



JESUS IRIZARRY, ESQUIRE  
For the firm

IM/ji  
Enclosures

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I    NAME**

The name of the corporation shall be: IGLESIA CRISTIANA SERVIDORES DE JESUCRISTO, INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
8331 Port Lancashire Dr.  
Orlando, FL 32829

Mailing address, if different is:

**ARTICLE III    PURPOSE**

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

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

As

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Pablo Minguela, Director

Name and Title: \_\_\_\_\_

Address: 8331 Port Lancashire Dr.  
Orlando, FL 32829

Address: \_\_\_\_\_

Name and Title: Ruth A. Torres, Director

Name and Title: \_\_\_\_\_

Address: 8331 Port Lancashire Dr.  
Orlando, FL 32829

Address: \_\_\_\_\_

Name and Title: Sirenia Arroyo, Director

Name and Title: \_\_\_\_\_

Address: 5732 Port Concorde Ln  
Orlando, FL 32829

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: IRIZARRY MENDEZ PL

Address: 605 E. Robinson St., Suite 130

Orlando, FL 32801

**ARTICLE VII INCORPORATOR**

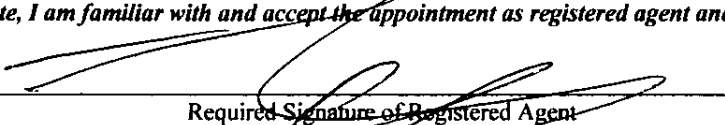
The name and address of the Incorporator is:

Name: IRIZARRY MENDEZ PL

Address: 605 E. Robinson St., Suite 130

Orlando, FL 32801

*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

2/4/15  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

2/4/15  
\_\_\_\_\_  
Date