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COVER LETTER

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

SUBJECT: Iglesia De Dios Unión, Poder y Fuego, 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: Iglesia De Dios Unión, Poder y Fuego
Name (Printed or typed)

7805 SilverLace Ct.
Address

Tampa FL 33612
City, State & Zip

(813) 389-1059 or (806) 559-3162
Daytime Telephone number

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 DE DIOS Unión, Poder y Fuego, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7805 SilverLace Ct.

Tampa FL 33619

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: La misión es para educar Las

Personas en la Palabra de Dios y Para ayudar a Los De
Drogadición y que se puedan rehabilitar, y Los De alcohol
y ayudar a Las familias enfermas con problemas De
Salud. Llevarle a Las Personas una palabra de aliento.
y Poder ayudar a Los De abuyentes De la calle. para
Tratar de Tener una mejor comunidad y una buena Sociedad

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

As Stated in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President/Pastor

Address:

Wanda Colon Vargas

7805 SilverLace Ct.

Tampa FL 33619

Name and Title: Glory millayes/Vice Secretaria

Address:

13011 early run lane

River View Florida 33578

Name and Title: Vice Presidente/Pastor

Address:

Luis Vargas

7805 SilverLace Ct.

Tampa FL 33619

Name and Title: _____

Address: _____

Name and Title: Diana mayen/Secretaria

Address:

4008 w bay to bay

Blvd

Tampa FL 33629

Name and Title: _____

Address: _____

15 APR -9 PM 3:46

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: Wanda Colón Vargas

Address: 7805 SilverLace Ct.

Tampa FL 33619

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Wanda Colón Vargas

Address: 7805 SilverLace Ct.

Tampa FL 33619

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

Wanda Colón Vargas

Required Signature of Registered Agent

4-9-2015

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.

Wanda Colón Vargas

Required Signature of Incorporator

4-9-2015

Date

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APPROVED
NOTARY
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Article III Translation

My vision is to Educate the Person in the word of god and to help the Drug addiction to get rehabilitation and to help Sick Families get better with a word of Kindness and the word of god. Also to help the Homeless off the street and help them get a better Life and to better the community inside of the society.

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