

N15000004660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

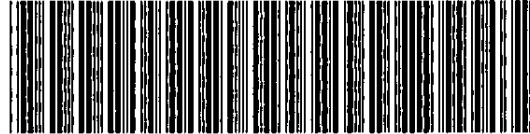
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/08/15--01043--015 **102.50

FILED
15 MAY -8 AM 8:17
STATE OF FLORIDA
TALLAHASSEE

COVER LETTER

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

SUBJECT: **Centro Cristiano por La Familia, Inc**
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: **Jose Paredes**
Name (Printed or typed)
2876 Lantana Lakes Dr East
Address
Jacksonville, FL 32246
City, State & Zip
904-502-8213
Daytime Telephone number
Jose.Paredes@aol.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2015

JOSE PAREDES
2876 LANTANA LAKES DR E
JACKSONVILLE, FL 32246

SUBJECT: CENTRO CRISTIANO POR LA FAMILIA, INC
Ref. Number: W15000019127

We have received your document for CENTRO CRISTIANO POR LA FAMILIA, INC and your check(s) totaling \$87.50 of which \$67.50 has been applied to file the other document(s)-leaving a balance of \$20.00 to file this document. However, the document has not been filed and is being retained in this office for the following:

The wrong form was submitted to our office.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 915A00005430

RECEIVED
15 APR 15 AM 11:01
REGULATORY DIVISION



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2015

JOSE PAREDES
2876 LANTANA LAKES DR E
JACKSONVILLE, FL 32246

SUBJECT: CENTRO CRISTIANO POR LA FAMILIA, INC
Ref. Number: W15000019127

Memo #: 014777-B

This letter is to inform you that your check number 1140 for \$87.50, which was dated March 10, 2015 and submitted for CENTRO CRISTIANO POR LA FAMILIA, INC has been returned to us by your bank because of NON SUFFICIENT FUNDS.

We are notifying you because our records indicate that the paperwork for CENTRO CRISTIANO POR LA FAMILIA, INC has not been filed and was returned to you because of deficiencies in the document. If you send the document back to us to be filed, be sure to enclose a cashier's check or money order in the amount of \$102.50, as we cannot take credit card information over the phone. This will cover the unpaid check and also the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate that it is a replacement for the returned check mentioned above. Also, please include in your response the Debit Memo number given above. Send your response to:

Division of Corporation
Attn: JESSIAC A FASON
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions you may contact me at (850) 245-6887.

Garry Leonard
Administrative Assistant

Letter Number: 815A00006807

COVER LETTER

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

SUBJECT: CENTRO CRISTIANO POR LA FAMILIA, 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:

JOSE PAREDES

Name (Printed or typed)

2876 LANTANA LAKES DR E.

Address

JACKSONVILLE, FL 32207

City, State & Zip

904 502-8213

Daytime Telephone number

JOSE.PAREDES@AOL.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: CENTRO CRISTIANO POR LA FAMILIA, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3434 West 1st Street
Jacksonville, FL 32254

Mailing address, if different is:

2876 LANTANA LKS DR E.
Jacksonville, FL 32246

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Church

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

by Church
VOTE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NURY RIVERA, PASTOR Name and Title: _____

Address: 2876 LANTANA LKS DR E Address: _____
JACKSONVILLE, FL 32246

PRESIDENT

Name and Title: JOSE PAREDES, PASTOR Name and Title: _____

Address: 2876 LANTANA LKS DR E Address: _____
JACKSONVILLE, FL 32246

SECRETARY

Name and Title: ISABEL PAREDES Name and Title: _____

Address: 2876 LANTANA LKS DR E Address: _____
JACKSONVILLE, FL 32246

TREASURER

FILED
15 MAY -8 am 8:17
TALLAHASSEE, FLORIDA

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:

JOSE PAREDES

Address:

2876 LANTANA LKS DE E.
JACKSONVILLE, FL 32246

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

JOSE PAREDES

Address:

2876 LANTANA LKS DE E
JACKSONVILLE, FL 32246

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

4/3/15
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

4/3/15
Date

FILED
15 MAY -8 AM 8:17
TALLAHASSEE, FLORIDA