

N/5000008075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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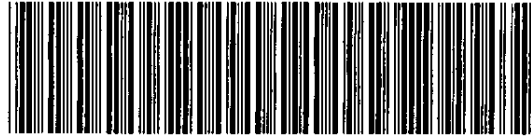
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 AUG 13 AM 10:23

✓ 08/20/15

COVER LETTER

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

SUBJECT: Jesucristo Es Mi Pastor 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: Martin Macias
Name (Printed or typed)

11415 NW 17 PL
Address

Ocala FL, 34482
City, State & Zip

352 216 4762
Daytime Telephone number

MARTIN.MCIAS@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 NAME

The name of the corporation shall be: Jesucristo Es Mi Pastor Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
145 SW 78ct Ocala FL, 34474

Mailing address, if different is:
11415 nw 17th PL Ocala FL, 34482

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RELIGIOUS

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pastor Martin Macias

Address: 11415 NW 17th PL OCALA FL, 34482

Name and Title: _____

Address: _____

Name and Title: Pedro Gonzales Secretary

Address: 4400 SW 53rd Ter OCALA FL, 34474

Name and Title: _____

Address: _____

Name and Title: Laura torres Treasury

Address: 3387 w Silver Spring Blvd lot # 24 A

Name and Title: _____

Address: _____

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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: Pastor Martin Macias

Address: 11415 NW 17th PL OCALA, FL 34482

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pastor Martin Macias

Address: 11415 NW 17th PL OCALA FL, 34482

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

8/4/15

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

8/4/15

Date