

N 150000/0497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

1115-67057

Office Use Only



800277594998

10/05/15--01026--010 \*\*70.00

15 OCT 26 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVAL  
AND  
FILED

11/1

## COVER LETTER

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

SUBJECT: Mision sin Limites  
(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: Yeni tepada Gil  
Name (Printed or typed)

3451 Saland way Apt 1014  
Address

Jacksonville, FL, 32246  
City, State & Zip  
(904) 828-9633 (English)  
(904) 418-1698 (Spanish only)  
Daytime Telephone number

Yanick los Angeles@hotmail.com  
E-mail address: (to be used for future annual report notification)  
or Cindyccg73@gmail.com

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 8, 2015

YENI TEJADA GIL  
3451 SALAND WAY APT 1014  
JACKSONVILLE, FL 32246

SUBJECT: MISION SIN LIMITES  
Ref. Number: W15000067057

We have received your document for MISION SIN LIMITES and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

You must list at least one incorporator with a complete business street address.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Valerie Herring  
Regulatory Specialist II

Letter Number: 715A00021381

New Filing Section

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

**ARTICLE I NAME**

The name of the corporation shall be: Mision sin Limites INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

3451 Saland way Apt 1014  
Jacksonville FL, 32246

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: help people in need by bringing  
then all kinds of support is possible, like food,  
water, ect... locally and internationally, and preaching  
the Gospel.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: the directors will  
be elected by selection via jury lot, depending on their dedication and  
passion for helping people in need.

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

Name and Title: Yeni tejada GIL

Name and Title: Cinda C. Castro

Address

President  
3451 Saland way Apt 1014  
JAX, FL, 32246

Address:

Mandor  
6000 Bennett Creek  
Apt 737  
JAX, FL, 32216

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 OCT 26 PM 3:27

APPROVED  
AND  
FILED

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

APPROVED  
AND  
FILED

15 OCT 26 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Cindy C. Castro  
 Address: 6680 Bennett Creek Dr #737  
Jacksonville, FL, 32216

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Yeni Tupda Gil  
 Address: 3451 Saland Way Apt 1014  
JAX, FL, 32246

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01-01-2016 (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

\_\_\_\_\_  
 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

\_\_\_\_\_  
 Date