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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

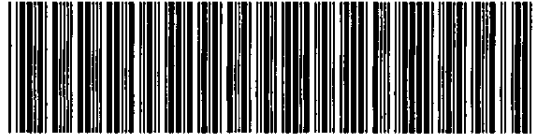
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 7 2015

COVER LETTER

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

SUBJECT: IGLESIA JESUCRISTO ES MI REFUGIO, TAMPA 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: ROSA C. BERCHTOLD
Name (Printed or typed)

7850-55 TH WAY N.
Address

PINELLAS PARK, FL. 33781
City, State & Zip

(727) 637-1222
Daytime Telephone number

ROSA BERCHTOLD @ HOTMAIL. 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: IGLESIA JESUCRISTO ES MI REFUGIO, TAMPA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5616 - NORTH ARMENIA AVENUE
TAMPA, FL 33614

Mailing address, if different is:

7850-55TH WAY N.
PINELLAS PARK, FL 33781

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CHURCH, NOT FOR PROFIT

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TALLAHASSEE, FLORIDA

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

HEAD PASTOR - APPOINTED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PASTOR ROSA C. BERCHTOLD Name and Title: PASTOR THOMAS E BERCHTOLD

Address: 7850-55TH WAY N. Address: 7850-55TH WAY N.
PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Address _____

Address: _____

Name and Title: _____
Address _____

Name and Title: _____
Address: _____

Name and Title: _____
Address _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: ROSA C. BERCHTOLD
Address: 7850 - 55TH WAY N.
PINELLAS PARK, FL 33781

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: THOMAS E. BERCHTOLD
Address: 7850 - 55TH WAY N.
PINELLAS PARK, FL 33781

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

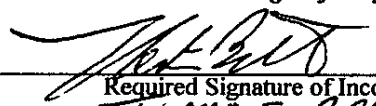


Required Signature of Registered Agent
ROSA C. BERCHTOLD

11-23-15

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
THOMAS E. BERCHTOLD

11-23-15

Date