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| PICK-UP | WAIT | MAIL |
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| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

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

IGLESIA JESUCRISTO ES MI REFUGIO, TAMPA INC. PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX

\$70.00 Filing Fee \$78.75

Filing Fee & Certificate of

Status 75 195

\$78.75

\$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

FROM: RosA C. BERCHTOLD
Name (Printed or typed)

7850-55 TH WAY N.

PINELLAS PARK, FL. 33781

City, State & Zip

(727) 637-1222

Daytime Telephone number

ROSA BERCHTOLD @ HOTMAIL, GM

E-mail address: (to be used for future annual report notification) NODE CONTROLLE

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 JE | SURISTO ES MI REFUGIO, TAMPA INC. |
|---|---|
| ARTICLE II PRINCIPAL OFFICE | |
| Principal <u>street</u> address: 5616 - NoRTH ARMENIA AVE | Mailing address, if different is: NUE 7850-557H WAY N. |
| TAMPA, FL 33614 | PINELLAS ARK, FL 3378 |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | HURCH, NOT FOR PROFIT |
| | 三 注音 5 20 6 41 |
| | SALES A STREET |
| | |
| ARTICLE IV MANNER OF ELECTION The mar HEAD PASTOR - APPOINT | nner in which the directors are elected and appointed: |
| ARTICLE V INITIAL OFFICERS AND/OR DIR | ECTORS |
| Name and Title: PASTOR ROSA C. BERCHTOLS | Name and Title: PASTIR THOMAS E BERCHTOUS |
| Address 7850-55TH WAYNI | Address: 7850-55TH WAY N: |
| PINELLAS PARK, FL33781 | PNELUS PARK, FL 33781 |
| Name and Title: | Name and Title: |
| Address | Address: |
| | |

| Address | · 9 | Address: | , | |
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| Name and Title: | · | Name and Title: | | |
| Address _ | | Address: | | |
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| Name and Title: | | Name and Title: | | |
| Address | | Address: | | |
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| - | | | | |
| | | | | |
| ARTICLE VI | REGISTERED AGENT | | | |
| | Torida street address (P.O. Box NOT | | | |
| Name: | ROSA C. BERCHTO | | 5 5 | |
| Address: | 7850 -557H WA | (N. | AND SO STATE OF THE SECOND SEC | |
| | PINELLAS PARK, FL | 33 /81 | | |
| ADMICIE DE LITT | DESCRIPTION A MOR | | | |
| The name and a | INCORPORATOR ddress of the Incorporator is: | | FH L: 09 E. FBONDA | |
| Name: | THOMAS E BERCHT | 70 W | - | |
| Address: | 7850-557H WAY | IN. | | |
| | PINELLAS PARK FL | 33781 | | |
| | | 100 100 10 11 11 11 11 11 11 11 11 11 11 | | |
| Having been na | med as registered agent to accept ser | vice of process for the above stated | corporation at the place designated in | this |
| cerujieaie, i am j | familiar with and accept the appointment | ent as registerea agent ana agree to a | | |
| Mi | Required Signature of Pegist | ered Acent | 11-23-15 Data | |
| I submit this doo | Required Signature of Regist ROTA C. BERCH JOUR | hereiu ere true I em amana that ann | Date | |
| to the Departmen | ument and affirm that the facts stated nt of State constitutes a third degree fel | ony as provided for in s.817.155, F.S. | false information submitted in a docun | ieni |
| | TheLast | _ | 11-23-15 | |
| | Required Signature of In | CSCH 70 V) | Date | |