

N 1600000 1480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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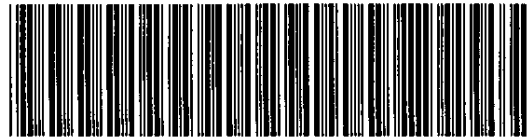
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2/15/16

COVER LETTER

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

SUBJECT: Templo de Iglesias Pentecostal Nueva Vida C.L.A. 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: Mahmuda Begum Mondol
Name (Printed or typed)

2021 NW 180 Way
Address

Pembroke Pines, FL 33029
City, State & Zip

954-478-4171
Daytime Telephone number

Mahmudamondol@yahoo.com

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

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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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: Templo de Iglesias Pentecostal Nueva Vida C.L.A. INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:
2021 NW 180 Way

Pembroke Pines, FL 33029

Mailing address, if different is:

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This Corporation is a public benefit religious organization. It is organized
NOT for profit and the nature of its charitable, educational, and religious purposes to be conducted or promoted exclusively for
charitable purposes within the meaning of section 501(c)(3) of the Internal Revenue code.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President: Mahmuda Begum Mondol Name and Title: _____

Address: 2021 NW 180 Way Address: _____
Pembroke Pines, FL 33029

Name and Title: Vice President: Mahmuda Lopez Name and Title: _____

Address: 8340 NW 16 Street Address: _____
Pembroke Pines, FL 33024

Name and Title: Secretary: Yvette Kennedy Name and Title: _____

Address: 425 S 28th Ave Address: _____
Hollywood, FL 33020

Name and Title: Vocal: Melba Talavera Name and Title: _____
Address: 3301 SW 48 Ave Address: _____
West Park, FL 33023 _____

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: Mahmuda Begum Mondol
Address: 2021 NW 180 Way
Pembroke Pines, FL 33029

ARTICLE VII INCORPORATOR

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

Name: Mahmuda Begum Mondol
Address: 2021 NW 180 Way
Pembroke Pines, FL 33029

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

Mahmuda B. Mondol
Required Signature of Registered Agent

1/29/16
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.

Mahmuda B. Mondol
Required Signature of Incorporator

1/29/16
Date

MAHMUDA B. MONDOL

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DEPARTMENT OF STATE
ALL AMES, FLORIDA