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TALLAHASSEE, FLORIDA

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S. GILBERT

COVER LETTER

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

SUBJECT: Camino, Verdad y Vida en Santidad 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: Ruth Esquilin
Name (Printed or typed)

5108 Pine Abbey dr. S
Address

W. Palm Beach FL - 33415
City, State & Zip

(561) 876-1866
Daytime Telephone number

eltimbalero69@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: Camino, Verdad y Vida en Santidad Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5108 Pine Abbey dr. S

24. Palm Beach FL. 33415

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Church

16 FEB - 8 PM 3:08
CLERK

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Ruth Esquilin (Pastor)</u>	Name and Title:	<u>David Esquilin Jr. (Treasurer Assistant)</u>
Address	<u>5108 Pine Abbey dr. S.</u> <u>24. Palm Beach FL. 33415</u>	Address:	<u>5108 Pine Abbey dr. S</u> <u>24. Palm Beach FL. 33415</u>

Name and Title:	<u>Carmen Esquilin (Secretary)</u>	Name and Title:	<u>David Esquilin Sr. (Deacon)</u>
Address	<u>5108 Pine Abbey dr. S</u> <u>24. Palm Beach FL. 33415</u>	Address:	<u>5108 Pine Abbey dr. S.</u> <u>24. Palm Beach FL. 33415</u>

Name and Title:	<u>Neftaly Esquilin (Treasurer)</u>	Name and Title:	
Address	<u>5108 Pine Abbey dr. S.</u> <u>24. Palm Beach FL. 33415</u>	Address:	

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: Ruth Esquelin

Address: 5108 Pine Abbey dr. S.
211 Palm Beach Fl. 33415

ARTICLE VII INCORPORATOR

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

Name: Ruth Esquelin

Address: 5108 Pine Abbey dr. S.
211 Palm Beach Fl. 33415

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

Ruth Esquelin

Required Signature of Registered Agent

1-26-15

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.

Ruth Esquelin

Required Signature of Incorporator

1-26-15

Date