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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/23/16

## COVER LETTER

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

**SUBJECT:** Theology Chaplaincy International University 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:** Martin Macias Ruiz  
\_\_\_\_\_  
Name (Printed or typed)  
  
11415 NW 17th PL  
\_\_\_\_\_  
Address  
  
OCALA FL, 34482  
\_\_\_\_\_  
City, State & Zip  
  
352 2164762  
\_\_\_\_\_  
Daytime Telephone number  
  
MARTIN.MCIAS@GMAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32314

**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: Theology Chaplaincy International University Inc.

**FILED**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
11415 NW 17th PL

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Mailing address, if different is:

OCALA FL,

34482

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Religious, Community, Education Training, Certification

**ARTICLE IV MANNER OF ELECTION**

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

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

Name and Title: MARTIN MACIAS Ruiz/ PRESIDENT

Name and Title: \_\_\_\_\_

Address 11415 NW 17th PL

Address: \_\_\_\_\_

OCALA FL,

34482

Name and Title: PEDRO GONZALEZ/ SECRETARY

Name and Title: \_\_\_\_\_

Address 4400 SW 53rd TERR

Address: \_\_\_\_\_

OCALA FL,

34474

Name and Title: LAURA I TORRES/ TREASURE

Name and Title: \_\_\_\_\_

Address 3387 W SILVER SPRING BLV

Address: \_\_\_\_\_

LOT #24A OCALA FL,

34475

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: Martin Macias Ruiz  
Address: 11415 NW 17th PL  
OCALA, FL, 34482

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AD. SERVICES DIVISION

**ARTICLE VII INCORPORATOR**

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

Name: Martin Macias Ruiz  
Address: 11415 NW 17th PL  
OCALA FL, 34482

**ARTICLE VIII EFFECTIVE DATE:** 01/07/2016

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*

\_\_\_\_\_  
Required Signature of Registered Agent

01/07/2016

\_\_\_\_\_  
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

01/07/2016

\_\_\_\_\_  
Date