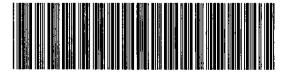
## 8081000011N

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

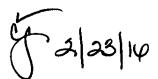
Office Use Only



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## **COVER LETTER**

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

ne (1) copy of the Art	orate NAME - MUST IN	
ne (1) copy of the Art	ricles of Incomparation and	
	neies of incorporation and	a check for:
\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
	ADDITIONAL CO	PY REQUIRED
n Macias Ruiz Na	ne (Printed or typed)	-
5 NW 17th PL		- 3 , Pagus ,
	Nar	Name (Printed or typed)

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

OCALA FL, 34482

MARTIN.MCIAS@GMAIL.COM

352 2164762

NOTE: Please provide the original and one copy of the articles.

City, State & Zip

Daytime Telephone number

**ARTICLES OF INCORPORATION**In compliance with Chapter 617, F.S., (Not for Profit)

ARTICI E I	I PRINCIPAL OFFICE	FILED
ARTICLE I		16 FEB 16 PH 1: 57
114	Principal <u>street</u> address: 415 NW 17th PL	Mailing address, if different is:
<u></u>		TALL MESSIEE FLORITA
	CALA FL,	
344	182	
<u>ARTICLE I</u>	II PURPOSE Re	igious Community Education Training Certification
The purpose	for which the corporation is organized is:	igious, Community, Education Training, Certification
ARTICLE I	V MANNER OF ELECTION The manne	er in which the directors are elected and appointed:
ARTIÇLE V	/ INITIAL OFFICERS AND/OR DIRECT	ORS
<b>ARTICLE V</b> Name and T	/ INITIAL OFFICERS AND/OR DIRECT	ORS  Name and Title:
<b>ARTICLE V</b> Name and T	INITIAL OFFICERS AND/OR DIRECT itle: MARTIN MACIAS Ruiz/ PRESIDENT	ORS
<b>ARTICLE V</b> Name and T	INITIAL OFFICERS AND/OR DIRECT  itle: MARTIN MACIAS Ruiz/ PRESIDENT  11415 NW 17th PL	ORS  Name and Title:
ARTICLE V Name and T Address	MARTIN MACIAS Ruiz/ PRESIDENT  11415 NW 17th PL  OCALA FL,  34482  PEDRO GONZALEZ/ SECRETARY	ORS  Name and Title:  Address:
ARTIÇLE V	MARTIN MACIAS Ruiz/ PRESIDENT  11415 NW 17th PL  OCALA FL,  34482  PEDRO GONZALEZ/ SECRETARY	Name and Title:  Name and Title:
ARTICLE VINAME and TAddress	INITIAL OFFICERS AND/OR DIRECT  itle: MARTIN MACIAS Ruiz/ PRESIDENT  11415 NW 17th PL  OCALA FL,  34482  PEDRO GONZALEZ/ SECRETARY	ORS  Name and Title:  Address:
ARTICLE VINAME and TAddress	INITIAL OFFICERS AND/OR DIRECT  itle: MARTIN MACIAS Ruiz/ PRESIDENT  11415 NW 17th PL  OCALA FL,  34482  itle: PEDRO GONZALEZ/ SECRETARY  4400 SW 53rd TERR	Name and Title:  Name and Title:
ARTICLE V Name and T Address Name and T Address	INITIAL OFFICERS AND/OR DIRECT  itle: MARTIN MACIAS Ruiz/ PRESIDENT  11415 NW 17th PL  OCALA FL,  34482  PEDRO GONZALEZ/ SECRETARY  4400 SW 53rd TERR  OCALA FL,  34474  LAURA LTORRES/TREASURE	Name and Title:  Name and Title:  Address:  Name and Title:
ARTICLE V Name and T Address Name and T Address	INITIAL OFFICERS AND/OR DIRECT  itle: MARTIN MACIAS Ruiz/ PRESIDENT  11415 NW 17th PL  OCALA FL,  34482  PEDRO GONZALEZ/ SECRETARY  4400 SW 53rd TERR  OCALA FL,  34474  LAURA LTORRES/TREASURE	Name and Title:  Name and Title:  Name and Title:  Name and Title:
ARTICLE V Name and T Address Name and T Address	INITIAL OFFICERS AND/OR DIRECT  itle: MARTIN MACIAS Ruiz/ PRESIDENT  11415 NW 17th PL  OCALA FL,  34482  PEDRO GONZALEZ/ SECRETARY  4400 SW 53rd TERR  OCALA FL,  34474  itle: LAURA I TORRES/ TREASURE	Name and Title:  Name and Title:  Address:  Name and Title:

Name and Title	<u>;                                      </u>	Name and Title:			
Address	<u> </u>	Address:		······································	
		<del></del>		······································	
			<del></del>		
Name and Title		Name and Title:			
Address		Address:			
	REGISTERED AGENT Florida street address (P.O. Box NOT acc	ceptable) of the registered ag	gent is:		
Name:	Martin Macias Ruiz			<b>16</b>	*
Address:	11415 NW 17th PL			• ·.	•
ruuress.	OCALA, FL, 34482			FEB 16	
	INCORPORATOR address of the Incorporator is:				
Name:	Martin Macias Ruiz				*
Address:	11415 NW 17th PL				
	OCALA FL, 34482				
Effective date, i	EFFECTIVE DATE: if other than the date of filing: 01/07/ date is listed, the date must be specific a		PTIONAL) five business days	prior or 90 bu	siness days
	te inserted in this block does not meet the active date on the Department of State's re-		equirements, this d	ate will not be l	listed as the
	amed as registered agent to accept servic familiar with and accept the appointment				esignated in this
			0	1/07/201	6
	Required Signature of Registere	ed Agent		Date	
	cument and affirm that the facts stated he ent of State constitutes a third degree felon			mation submitte	ed in a document
<b>2</b>				1/07/201	6
	Required Signature of Inc.	ornorator	<u> </u>	Date	