

N160000001908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

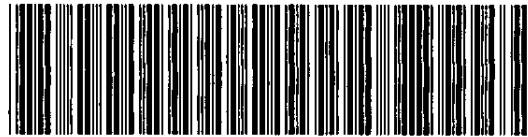
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

John Mubang gave
authorization to change the
word members to directors
2/24 dec

Office Use Only



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02/11/16--01019--008 **87.50

FILED
16 FEB 24 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 25 2016

D CUSHING

COVER LETTER

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

SUBJECT: MATER REDEMPTORIS SHRINE FOUNDATION, 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: John N. Mubang, M.D.

Name (Printed or typed)

17933 Cachet Isle

Address

Tampa, Florida 33647

City, State & Zip

813-335-9895

Daytime Telephone number

johnmubangsr@yahoo.com

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

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TALLAHASSEE, FL
SECRETARY OF STATE

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: Mater Redemptoris Shrine Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
17933 Cachet Isle

Tampa, Florida 33647

Mailing address, if different is:

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TALLAHASSEE
FLA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to monitor and collect all donations made to the shrine, apply for grants and manage the funds received to maintain the shrine for the benefit of visitors to the shrine.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The President will appoint initial directors, and elected directors will depend on performance and competence.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John N. Mubang - President

Name and Title: _____

Address 17933 Cachet Isle
Tampa, FL 33647

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: John N. Mubang, MD
 Address: 17933 Cachet Isle
Tampa, FL 33647

ARTICLE VII INCORPORATOR

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

Name: John N. Mubang, MD
 Address: 17933 Cachet Isle
Tampa, FL 33647

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 TALLAHASSEE, FL
 SECRETARY OF STATE

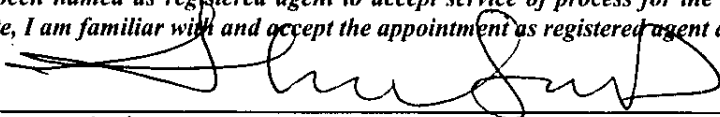
ARTICLE VIII EFFECTIVE DATE:

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.)

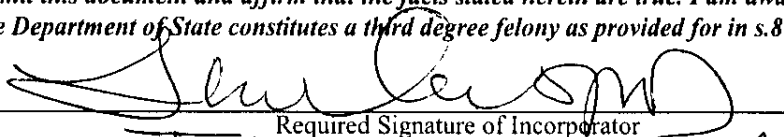
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


 Required Signature of Registered Agent
JOHN N. MUBANG MD

2-10-2016
 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
JOHN N. MUBANG MD

2-10-2016
 Date