**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000055654 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Fmail	Address:				
さ回るすす	MUUI E33.		 	 	

## FLORIDA PROFIT/NON PROFIT CORPORATION IGLESIA BAUTISTA VINO NUEVO INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help



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

H16000055654

ARTICLE I	NAME  he corporation shall be: $IG(esia Bac)$	Tista Vino Nuevo inc
	PRINCIPAL OFFICE	,
	Principal street address: 55 & 16 Street  4aleah F.L. 33010	Mailing address, if different is:  355 E 14 Street  Hialeah F.L. 33010
	or which the corporation is organized is: It is gregation that r the practice the	s a baptist neets to Study teachings of the
ARTICLE I	V MANNER OF ELECTION The manner in which	n the directors are elected and appointed: By +he
	V INITIAL OFFICERS AND/OR DIRECTORS	Fitte: ADA CONTrevas (VP)
Name and Tit	355 E IL STreet Address: Higleah F.L. 33010	
Name and Tit	ale: <u>NIRIA GAZALETS</u> Name and T 355 E 16 Street Address: HIGLEGH F.L. 33010	File: TSabe/ Ramos(T)  355 Elv street  Hialean F.L. E3300
Name and Till Address	16: Jose Levi Samber Contre 355 E 16 Street Address: Higlegh F.L. 33010	

03/03/2016 15:29

3052201440



PAGE 03/03

H16000055654

16 MAR -3 AM H: 58

Name and Title:	Name and Title:	
Address _	SECRETARY OF SIA	NDA
Name and Title:	Name and Title:	
Address	Address:	
-		
_		
ARTICLE VI The name and F	REGISTERED AGENT  lorida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Jose Luis Sanchez	·
Address:	355 Ello Street	
	Higlegh F.L. 33010	
	INCORPORATOR  ddress of the Incorporator is:	
Name:	Jose Luis Sanchez	
Address:	355 E 16 Street	
	Higleah F.L. 33010	
Having been na certificate, I am	med as registered agent to accept service of process for the above stated co famillar with and accept the appointment as registered agent and agree to act	rporation at the place designated in this in this capacity
	Required Signature of Registered Agent	3-3-16
Facility and the		Date
to the Departmen	ument and affirm that the facts spaced herein are true. I am aware that any fo nt of State constitutes a third despez felony as provided for in s.817.155, F.S.	use injormation suomitted in a document
	JEM 5	3,3~16
	Required Signature of Incorporator	3, 3, 16 Date