

N16000002727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

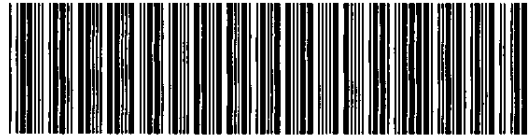
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16 MAR 15 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

M. Gulligan MAR 10 2016

## COVER LETTER

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

SUBJECT: CONGREGACION CASA de ORACION, 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: ALBERTO NAVARRO  
Name (Printed or typed)

14880 MYSTIC LAKE CIRCLE  
Address

NAPLES, FL 34119  
City, State & Zip

239.465.2599  
Daytime Telephone number

R5KIM19@yahoo.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 29, 2016

ALBERTO NAVARRO  
14880 MYSTIC LAKE CIRCLE  
NAPLES, FL 34119

SUBJECT: CONGREGACION CASA DE ORACION, INC.  
Ref. Number: W16000007398

We have received your document for CONGREGACION CASA DE ORACION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name is not legible, hopefully I spelled correct.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 416A00002252

RECEIVED  
16 MAR 15 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - NAME**

The name of the corporation shall be: CONGREGACION CASA de ORACION, INC.

**ARTICLE II - PRINCIPAL OFFICE**

Principal street address:

14880 Mystic Lake Circle  
APT # 9105 Naples, FL 34119

Mailing address, if different:

**ARTICLE III - PURPOSE**

The purpose for which the corporation is organized is: SAID ORGANIZATION IS ORGANIZED  
EXCLUSIVELY FOR RELIGIOUS, EDUCATIONAL AND CHARITABLE PURPOSE,  
INCLUDING FOR SUCH PURPOSES THE MAKING OF DISTRIBUTIONS  
TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATION  
UNDER SECTION 501(C)(3) OF INTERNAL REVENUE CODE, OR  
CORRESPONDING ACTION OF ANY FUTURE FEDERAL TAX CODE.

**ARTICLE IV - MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_

The Director will be appointed by the Pastor, at an annual meeting

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

Name and Title: Pastor, Alberto Navarro Name and Title: Treasurer

Address: 14880 Mystic Lake Cir Address: Blossina Kaso  
#9105 Naples, FL 4865 22nd Pl SW  
34119 Naples FL 34116

Name and Title: Director, Nelly Navarro Name and Title: \_\_\_\_\_

Address: 14880 Mystic Lake Cir Address: \_\_\_\_\_  
#9105 Naples, FL \_\_\_\_\_  
34119 \_\_\_\_\_

Name and Title: Sec. Yessenia Sanchez Name and Title: \_\_\_\_\_

Address: VALOR Address: \_\_\_\_\_  
2148 Sunshine Blvd \_\_\_\_\_  
Unit B, Naples, FL 34116 \_\_\_\_\_

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: ALBERTO NAVARRO

Address: 14880 MYSTIC LAKE CIR

#9105 N. PALM BLVD FL 34119

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TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: ALBERTO NAVARRO

Address: 14880 MYSTIC LAKE CIR

#9105 N. PALM BLVD FL 34119

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 3/11/16 (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

3-11-16  
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

3-11-16  
Date