

N16000002788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

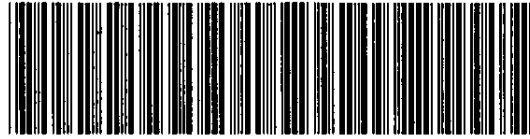
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DIVISION OF CORPORATIONS  
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## COVER LETTER

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

**SUBJECT:** Centro De Adoracion Cantares 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:** Angel M. Tirado  
Name (Printed or typed)

3317 W. Abdella St.  
Address

Tampa, Florida 33607  
City, State & Zip

1-813-732-4121  
Daytime Telephone number

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

**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: Centro De Adoracion Cantares, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
3317 W. Abdella Street

Mailing address, if different is:

Tampa, Florida

33607

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

- 1.) To preach and teach the gospel of Jesus Christ.
- 2.) Hold worship services on Sunday.
- 3.) Sunday School.
- 4.) Hold mid-week Bible studies.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: By two-thirds vote

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

Name and Title: Angel M. Tirado / Director Name and Title: \_\_\_\_\_

Address 3317 W. Abdella Street Address: \_\_\_\_\_  
Tampa, Florida  
33607

Name and Title: Ivonne Tirado / Director Name and Title: \_\_\_\_\_

Address 3317 W. Abdella Street Address: \_\_\_\_\_  
Tampa, Florida  
33607

Name and Title: Janeidy Tirado / Director Name and Title: \_\_\_\_\_

Address 1529 Thisledown Dr. / Director Address: \_\_\_\_\_  
Brandon, Florida 33510

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: Georgia Tirado

Address: 506 Covington Park Dr.

Seffner, Florida 33584

**ARTICLE VII INCORPORATOR**

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

Name: Angel M. Tirado

Address: 3317 W. Abdella Street

Tampa, Florida 33607

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**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*

Georgia Tirado  
Required Signature of Registered Agent

3/03/16  
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.*

[Signature]  
Required Signature of Incorporator

3/03/16  
Date