

N1600003283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

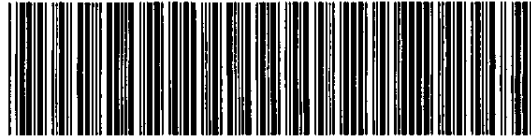
(Business Entity Name)

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03/24/16--01014--005 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAR 24 PM 12:41

FILED

cf 3/30/16

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

Iglesia Jesucristo Fuente De Vida, Inc.

**SUBJECT:** \_\_\_\_\_  
(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: Thomas Berchtold  
\_\_\_\_\_  
Name (Printed or typed)

7850- 55th Way N  
\_\_\_\_\_  
Address

Pinellas Park, Fl. 33781  
\_\_\_\_\_  
City, State & Zip

(727)637-1222  
\_\_\_\_\_  
Daytime Telephone number

thomasberchtold@earthlink.net  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

EFFECTIVE DATE 03/21/16 in compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME** Iglesia Jesucristo Fuente De Vida, Inc.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
5616 N. Armenia Ave  
\_\_\_\_\_  
Tampa, Fl. 33603  
\_\_\_\_\_

Mailing address, if different is:  
7850 - 55th Way N  
\_\_\_\_\_  
Pinellas Park, Fl. 33781-2324  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE** Church, Not for profit.  
The purpose for which the corporation is organized is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Name and Title: Pastor Rosa C. Berchtold  
\_\_\_\_\_  
Address: \_\_\_\_\_  
7850 -55th Way N  
\_\_\_\_\_  
Pinellas Park, Fl. 33781-2324  
\_\_\_\_\_

Name and Title: Pastor Thomas Berchtold  
\_\_\_\_\_  
Address: \_\_\_\_\_  
7850- 55th Way N.  
\_\_\_\_\_  
Pinellas Park, Fl. 33781-2324  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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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: Rosa C. Berchtold  
 Address: 7850- 55th Way N.  
Pinellas Park, Fl. 33781-2324

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 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Thomas E. Berchtold  
 Address: 7850- 55th Way N.  
Pinellas Park, Fl. 33781-2324

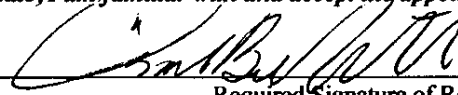
**ARTICLE VIII EFFECTIVE DATE:** 03-21-2016

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

03/21/2016  
 \_\_\_\_\_  
 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

03/21/2016  
 \_\_\_\_\_  
 Date