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## **COVER LETTER**

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

SUBJECT: Ministerio M	Ministerio Mundial de Oración y Evangelización, Inc							
<del></del>	(PROPOSED CORPO	RATE NAME – <u>MUST INC</u>	CLUDE 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  ADDITIONAL CO	& Certificate					
FROM:	GAIL HERNANDEZ							
	Name	e (Printed or typed)						
	14300 SW 39 CT RD		_					
Address								

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

OCALA FL 34473

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

City, State & Zip

Daytime Telephone number

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

The name of the	1		Martin Services
<u>ARTICLE II</u>	PRINCIPAL OFFICE		16 ADD
	Principal street address:		16 APR 28 AM 10: 4
1430	SW 39 CT RD		TALL ALLIANY OF STATE
004	I A DI 24472		Maining address, it different is: 1014 SECRETARY OF STATE TALLAHASSEE FLORID.
——————————————————————————————————————	LA FL 34473		
	DUBBACE		
	<u>PURPOSE</u> r which the corporation is organized is:	EE ATTACHED S	TATEMENT OF OUR ORGANIZATION
	O ORGANIZED UNDER501 (c) (3)		
	.,,,		
			·
			A Part of the Control
ARTICLE IV	MANNER OF ELECTION The man	ner in which the dire	ectors are elected and appointed:
	MANNER OF ELECTION The man		ectors are elected and appointed: BY-LAWS
IRTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	CTORS .	ILIAN HERNANDEZ DIRECTOR
Name and Title	INITIAL OFFICERS AND/OR DIRECTOR	CTORS  Name and Title	ILIAN HERNANDEZ DIRECTOR
I <i>RTICLE V</i> Name and Title	GAIL HERNANDEZ DIRECTOR  14300 SW 39 CT RD	CTORS .	JUAN HERNANDEZ DIRECTOR  14300 SW 39 CT RD
IRTICLE V  Name and Title	INITIAL OFFICERS AND/OR DIRECTOR	CTORS  Name and Title	JUAN HERNANDEZ DIRECTOR
Name and Title	INITIAL OFFICERS AND/OR DIRECTOR  GAIL HERNANDEZ DIRECTOR  14300 SW 39 CT RD  OCALA FL 34473  NANCY MENIVAR DIRECTOR	CTORS  Name and Title  Address:	JUAN HERNANDEZ DIRECTOR  14300 SW 39 CT RD  OCALA FL 34473
ARTICLE V  Name and Title	INITIAL OFFICERS AND/OR DIRECTOR  GAIL HERNANDEZ DIRECTOR  14300 SW 39 CT RD  OCALA FL 34473  NANCY MENIVAR DIRECTOR	CTORS  Name and Title	JUAN HERNANDEZ DIRECTOR  14300 SW 39 CT RD  OCALA FL 34473  KAREN GARCIA-GOMEZ
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#### Ministerio Mundial de Oración y Evangelización

### **Statement of Organization**

This ministry is prayer and gospel for the entired world

The porpose of our mission and organization is to preach the gospel, praise the Lord and share our faith with other Christian Organizations.

Praise The Lord! Jesus Christ is our Savior!

Christ summons all af his followers to obey, forgive, hope, and believe in him without question.

We will help people and respect the word of God through our faith.

The fundamental teaching of our organization is rooted in the biblical account of a men and women created in the image of God .Genesis 1:27

This is also Created under the rules and guidelines of the IRS Section IRS 501 (c) (3)

# Ministerio Mundial de Oración y Evangelización,Inc

El propósito de nuestra misión es predicar el evangelio, alabar al Señor y compartir nuestra fè con otras organizaciones cristianas. Alabado sea el Señor! Jesucristo es nuestro Salvador!

Cristo convoca a todos sus seguidores a obedecer, perdonar, esperar, y creer en èl sin lugar a dudas.

Vamos ayudar a las personas y respetar la Palabra de Dios atravès de nuestra fè.

La enseñanza fundamental de nuestra Organización ,tiene sus raíces en el relato bíblico,de un Hombre y una mujer creados a la imagen de Dios . Genesis 1:27

Esto es creado tambien bajo la seción del IRS 501 (c) (3)

Name, and Title:		Name and Title:	<del></del>
Address		Address:	
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Name and Title:		Name and Title:	·
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<del>-</del>			
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	REGISTERED AGENT		As 🚡
The <u>name and F</u>	lorida street address (P.O. Box NOT acce	eptable) of the registered agent is:	APR
Name:	GAIL HERNANDEZ		R 28
Address:	14300 SW 39 CT RD		SSEE OF THE STATE
	OCALA FL 34473		R 28 AM 10: 47 HASSEE FLORIDA
			DRID FATE
	INCORPORATOR ddress of the Incorporator is:		<b>D</b> ivi
Name:	GAIL HERNANDEZ		
Address:	14300 SW 39 CT RD	<del></del>	
	OCALA FL 34473		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if	other than the date of filing:	. (OPTIONAL) and cannot be more than five business days	nrior or 90 business days
after the filing.)	-	and cannot be more than five business days	prior or you business unju
	e inserted in this block does not meet the a ctive date on the Department of State's rec	applicable statutory filing requirements, this decords.	ate will not be listed as the
Havina heen na	med as registered agent to accent service	e of process for the above stated corporation	at the place designated in this
		as registered agent and agree to act in this cap	
1 Kin	ARM -		0426/16
	Required Signature of Registered	d Agent	Date
	rument and affirm that the facts stated her nt of State constitutes a third degree felony	rein are true. I am aware that any false inforn y as provided for in s.817,155, F.S.	nation submitted in a document
V W	WAA -		04/26/16
	Required Signature of Inco	prporator	Date