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Florida Department of State

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FLORIDA PROFIT/NON PROFIT CORPORATION GABRIEL A. HERNANDEZ MINISTRIES INC

Certificate of Status	0
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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

The name of the	c corporation shall be:	RNANDEZ MINISTRI	ES INC	
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address:		Mailing address, if dif	ferent is:
3317	SW 26 STREET			•
MIAN	MI, FL 33133			
ARTICLE III	PURPOSE or which the corporation is organized is:	A MINISTRY PŮRPO	SED IN TAKING THE W	ORD OF GOD
	TONS AND STRENGTHING THE LIV			
APTICI F IV	MANNER OF ELECTION The ma	anner in which the direct	ors are elected and appoints	Ey minutes & by law
	1744 1121 03 222 22 22 22 22 22 22 22 22 22 22 22 2			
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	ECTORS		,
Name and Title	GABRIEL A. HERNANDEZ (P)	Name and Title:_		
Address	3317 SW 26 STREET	Address:	· · · · · · · · · · · · · · · · · · ·	
71001000	MIAMI, FL 33133			<u> </u>
Name and Title	e;			
Address	Y' <u></u>	Address:		La francis
			-	MAY AND A
				<u> </u>
Name and Title	e:	Name and Title:_		
Address		Address:		
				

Name and Title:		Name and Title:		
Address .				
Name and Title:		Name and Title:		
Address ,		Address:		
ARTICLE VI The name and I	REGISTERED AGENT Torida street address (P.O. Box NOT acception of the control of		gent is:	
Name:	GABRIEL A. HERNANDE		·	
Address:	3317 SW 26 STREET	<u>.</u>		
	MIAMI, FL 33133			
ARTICLE VIII The name and s Name: Address:	INCORPORATOR Address of the Incorporator is: GABRIEL A. HERNANDE 3317 SW 26 STREE?			·
Effective date, i	MIAMI, FL 33133 EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific an)	((ad cannot be more than	DPTIONAL) five business days prior or 90 bus	iness days
	e inserted in this block does not meet the ap ctive date on the Department of State's reco		requirements, this date will not be lis	rted as the
Having been no certificate, I am	amed as registered agent to accept service familiar with and accept the appointment a	of process for the above is registered agent and a	gree to act in this capacity	•
			<u>05/12/2016</u>	<u>, </u>
	Required Signature of Registered		Date	
I submit this do	cument and affirm that the facts stated here int of State con stitutes a th ird degree felony	ein are true. I am aware : as provided for in s.817.	that any false information submitted 155, F.S.	in a document
	farmer		05/12/2016	5
	Required Signature of Incor	porator	Dato	