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COVER LETTER

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

SUBJECT: MINISTERIO	DE AYUDA MUTUA PAF	RA ENTERRAMIENTO INC		
	(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)	
Enclosed is an original and	lone (1) copy of the Ar	ticles 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 CO	ADDITIONAL COPY REQUIRED	
FROM: B		me (Printed or typed)	<u>·</u>	

320 S BUMBY AVE STE 10

ORLANDO, FL 32803

407-896-7921

BQITR@MSN.COM

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

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

Address

City, State & Zip

Daytime Telephone number

The same has been

ARTICLES OF INCORPORATION FOR

16 JUN 20 AM 10: 45

SEURE FARY OF STATE.

MINISTERIO DE AYUDA MUTUA PARA ENTERRAMIENTO INC.

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSES OF FORMING A FLORIDA NOT-FOR-PROFIT CORPORATION, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION:

ARTICLE 1

THE NAME OF THE CORPORATION IS:

MINISTERIO DE AYUDA MUTUA PARA ENTERRAMIENTO INC

ARTICLE II

THE PRINCIPAL PLACE OF BUSINESS ADDRESS: 919 E. SR 436 CASSELBERRY, FL 32707

THE MAILING ADDRESS OF THE CORPORATION IS: PO BOX 677606 ORLANDO, FL 32867

ARTICLE III

THE SPECIFIC PURPOSE FOR WHICH THIS CORPORATION IS ORGANIZED IS:

TO MAINTAIN FUNDS THAT SHALL SERVE AS MUTUAL BURIAL HELP TO THE MEMBERS OF THE CHRISTIAN CHURCHES THAT HAVE GOOD WILL TO BECOME MEMBERS OF THE SOCIETY AND ABIDE BY THE REGULATIONS OF THIS SOCIETY. THE ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTION TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

NO PART OF THE NET EARNINGS OF THE ORGANIZATION SHALL INSURE TO THE BENEFIT OF, OR BE DISTRIBUTABLE TO ITS MEMBERS, TRUSTEES, OFFICERS, OR OTHER PRIVATE PERSONS, EXCEPT THAT THE ORGANIZATION SHALL BE AUTHORIZED AND EMPOWERED TO PAY REASONABLE COMPENSATION FOR SERVICES RENDERED AND TO MAKE PAYMENTS AND DISTRIBUTIONS IN FURTHERANCE OF THE PURPOSES SET FORTH IN THE PURPOSE CLAUSE HEREOF. NO SUBSTANTIAL PART OF THE ACTIVITIES OF THE ORGANIZATION SHALL BE THE CARRYING ON OF PROPAGANDA, OR OTHERWISE ATTEMPTING TO INFLUENCE LEGISLATION, AND THE ORGANIZATION SHALL NOT PARTICIPATE IN, OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTION OF STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF ANY CANDIDATE FOR PUBLIC OFFICE. NOTWITHSTANDING ANY OTHER PROVISION OF THIS DOCUMENT, THE ORGANIZATION SHALL NOT CARRY ON ANY OTHER ACTIVITIES NOT PERMITTED TO BE CARRIED ON (A) BY AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE,

OR (B) BY ANY ORGANIZATION, CONTRIBUTIONS TO WHICH ARE DEDUCTIBLE UNDER SECTION 501(C)(13) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. UPON THE DISSOLUTION OF THE ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(A) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OF LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE. ANY SUCH ASSETS NOT DISPOSED OF SHALL BE DISPOSED OF BY THE COURT OF COMMON PLEAS OF THE COUNTRY IN WHICH THE PRINCIPAL OFFICE OF THE ORGANIZATION IS THEN LOCATED, EXCLUSIVELY FOR SUCH PURPOSES OR TO SUCH ORGANIZATION OR ORGANIZATIONS, AS SAID COURT SHALL DETERMINE WHICH ARE ORGANIZED AND OPERATED EXCLUSIVELY FOR SUCH PURPOSES.

ARTICLE IV

THE MANNER IN WHICH DIRECTORS ARE ELECTED OR APPOINTED IS:
AS PROVIDED FOR IN THE BYLAWS.

ARTICLE V

THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

BEST QUICK TAX RETURNS INC

320 S BUMBY AVE STE 10

ORLANDO, FL 32803

I CERTIFY THAT I AM FAMILIAR WITH AND ACCEPT THE RESPONSIBILITIES OF REGISTERED AGENT.

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

ARTICLE VI

THE NAME AND ADDRESS OF THE INCORPORATOR IS:
RICKY M SOUZA
320 S BUMBY AVE
STE 10
ORLANDO, FL 32803

ARTICLE VII

THE INITIAL OFFICER(S) AND OR DIRECTOR(S) OF THE CORPORATION IS/ARE:

TITLE: DIRECTOR/PRESIDENT DORIS E BOTETANO 2815 UNIVERSITY ACRES DR ORLANDO, FL 32817

TITLE: DIRECTOR/VICE PRESIDENT BENJAMIN ANTRON 158 AUTUMN BREEZE WAY WINTER PARK, FL 32792

TITLE: DIRECTOR/TREASURER/SECRETARY ELSA Y MEDINA 11030 CREIGHTON DR ORLANDO, FL 32817 16 JUN 20 AM 10: 45
SECRE JANY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VIII

THE EFFECTIVE DATE FOR THIS CORPORATION SHALL BE: 06/20/2016

Required Signature of Registered Agent

Data

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

Date

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. THE NAME OF THE CORPORATION IS: Ministerio De Ayuda Mutua Enterramiento Inc
- 2. THE NAME AND ADDRESS OF THE REGISTERED AGENT/REGISTERED OFFICE IS:

Best Quick Tax Returns Inc 320 S Bumby Ave Ste 10 Orlando, FL 32803

HAVING BEEN NAMED THE REGISTERED AGENT/REGISTERED OFFICE AND TO ACCPET SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION ON AS REGISTERED AGENT.

RECISTERED AGENT SIGNATURE