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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** Power 4 Your Life, 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:** Elizabeth Nevarez  
\_\_\_\_\_  
Name (Printed or typed)

1579 Tiverton Blvd.  
\_\_\_\_\_  
Address

Winter Garden, Florida 34787  
\_\_\_\_\_  
City, State & Zip

(240) 784-7238  
\_\_\_\_\_  
Daytime Telephone number

c.nevarezflores@gmail.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: Power 4 Your Life, Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address:  
1579 Tiverton Blvd., Winter Garden, FL 34787

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This is a religious non profit organization, whose nature or purpose is to preach  
announce, to make known the Gospel of our Lord Jesus Christ in all Florida and the whole world, through worship and evangelistic  
services, free production and distribution of literature, proclaiming radio and TV programs, conferences, seminars and workshops.  
Promoting the Gospel through the teaching of the Word of God, through musical praise and worship, with audiovisual means, press,  
digital media or any other mean of existed mass communication. To select, guide, to train and ordain Pastors, Ministers, Christian  
Workersa, Lay Leaders and Teachers according to the norms established in the by laws. Organize and provide free support services  
for the community such as Pastoral counseling, and any other social type service according to help in any given need.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Elected

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elizabeth Nevarez - President

Address: 1579 Tiverton Blvd.  
Winter Garden, FL 34787

Name and Title: Luis A. Cruz - Vice President

Address: 1579 Tiverton Blvd.  
Winter Garden, FL 34787

Name and Title: Angela P. Cruz - Secretary

Address: 1579 Tiverton Blvd.  
Winter Garden, FL 34787

Name and Title: Elva Patricia Aramburo - Treasurer

Address: 1579 Tiverton Blvd.  
Winter Garden, FL 34787

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 JUL -5 PM 4:19

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: Elizabeth Nevarez

Address: 1579 Tiverton Blvd.  
Winter Garden, FL 34787

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Elizabeth Nevarez

Address: 1579 Tiverton Blvd.  
Winter Garden, FL 34787

**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*

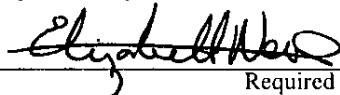


Required Signature of Registered Agent

June 27, 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

June 27, 2016

Date