

N16000009146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

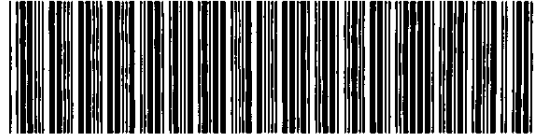
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

08/24/16

08/24/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COMPASSION FOR THEM LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

DAVID MONTES DE OCA
Name of Person
IGLESIA CRISTO ROCA DE SALVACION
Firm Company
7400 NW 7 ST ,SUITE 203
Address
MIAMI,FLORIDA,33126
City, State and Zip Code
apiau.suse1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID MONTES DE OCA 305 389-6234
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Cliton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2016

DAVID MONTES DE OCA
7400 NW 7 ST SUITE 203
MIAMI, FL 33126

SUBJECT: COMPASSION FOR THEM LLC
Ref. Number: W16000060290

We have received your document for COMPASSION FOR THEM LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Verify if this is suppose to be a NON PROFIT. I am enclosing a NON PROFIT for your convenience

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 916A00018553

COVER LETTER

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

SUBJECT: COMPASSION FOR THEM, 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: DAVID MONTES DE OCA

Name (Printed or typed)

13115 SW 117TH TER.

Address

MIAMI, FL 33186

City, State & Zip

305-389-6234

Daytime Telephone number

DAVIDMONTESDEOCA7@HOTMAIL.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: COMPASSION FOR THEM, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
7400 NW 7TH STREET
MIAMI, FL. 33126

Mailing address, if different is:
13115 SW 117TH TER.
MIAMI, FL. 33186

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO SUPPORT LOCAL AND INTERNATIONAL MISSIONARIES AS WELL AS TO HELP THE COMMUNITIES THEY SERVE AS A BRANCH OF IGLESIA CRISTO ROCA DE SALVACION.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: INTERNAL

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID MONTES DE OCA, DIRECTOR
Address: 13115 SW 117TH TER.
MIAMI, FL. 33186

Name and Title: SUSEL MONTES DE OCA, OFCR
Address: 13115 SW 117TH TER.
MIAMI, FL. 33186

Name and Title: DEYSI HUN, OFCR
Address: 6735 W 26TH DR., APT. 21
HIALEAH, FL. 33016

Name and Title: MARGIE RODRIGUEZ, OFCR
Address: 2731 SE 17TH AVE. 205
HOMESTEAD, FL. 33035

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: DAVID MONTES DE OCA
 Address: 13115 SW 117TH TER.
MIAMI, FL. 33186

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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: DAVID MONTES DE OCA
 Address: 13115 SW 117TH TER.
MIAMI, FL. 33186


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

09/10/2016
 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

09/10/2016
 Date