

N/6000011259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

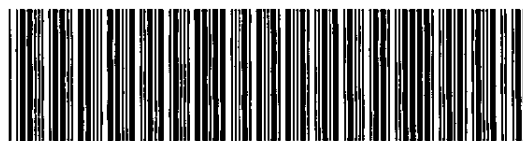
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DIVISION OF REVENUE  
2016 NOV 29 PM 2:15

W16-065430

11/28/16



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 22, 2016

NORMA GONZALEZ  
11415 N.W. 17 PL.  
OCALA, FL 34482

SUBJECT: CAPELLANES MISIONEROS INTERNACIONALES INC.  
Ref. Number: W16000065430

We have received your document for CAPELLANES MISIONEROS INTERNACIONALES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of 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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 316A00020373

## COVER LETTER

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

**SUBJECT:** CAPELLANES MISIONEROS INTERNACIONALES 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:** Norma Ivonne Gonzalez  
\_\_\_\_\_  
Name (Printed or typed)

11415 NW 17 PL  
\_\_\_\_\_  
Address

OCALA PL, 34482  
\_\_\_\_\_  
City, State & Zip

917 553 8624  
\_\_\_\_\_  
Daytime Telephone number

missionarieschaplains@yahoo.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: CAPELLANES MISIONEROS INTERNACIONALES INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
11415 nw 17 pl ocala fl, 34482

Mailing address, if different is:  
11415 nw 17 pl ocala fl, 34482

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TALLAHASSEE, FL

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Religious Community Education Training

**ARTICLE IV MANNER OF ELECTION**

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Norma Ivonne Gonzalez President

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

Address: 11415 nw 17 pl ocala fl, 34482

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

Name and Title: Jaziel Luna Secretary

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

Address: 3387 w silver springs Blvd #24A  
Ocala FL, 34475

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

Name and Title: Saturnina Pineda Treasury

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

Address: 11415 nw 17 pl ocala fl, 34482

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: Martin Macias  
Address: 11415 nw 17 pl ocala fl, 34482

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**ARTICLE VII INCORPORATOR**

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

Name: Norma Ivonne Gonzalez  
Address: 11415 nw 17 pl ocala fl, 34482

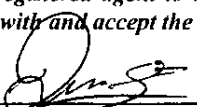
**ARTICLE VIII EFFECTIVE DATE:**

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.)

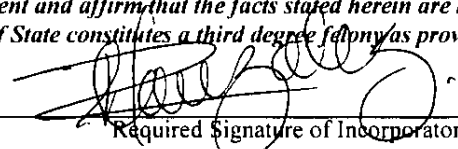
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

11/18/16  
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

11/18/16  
Date