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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

Comunidad Cristiana Internacional de Teoterapia Integral, Corp.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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Corporate Filing Menu

Help

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

ARTICLE I NAME

The name of the corporation shall be: Comunidad Cristiana Internacional de Teoterapia Integral, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3399 NW 72nd Avenue, Ste. 230

Miami, Fl 33122-1344

Mailing address, if different:
P.O. Box 524156

Miami, Fl 33152

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CLERK OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The "Comunidad Cristiana Internacional De Teoterapia Integral, Corp." is
dedicated to sharing the Good News of God's salvation through Jesus Christ. This congregation shall establish and maintain a place
for the worship of Almighty God; provide for Christian fellowship for those of like precious faith, where the Father, Son and Holy
Spirit may be honored; and to assume our share of the responsibility and privilege of propagating the Gospel of Jesus Christ by all
available means, both at home and in foreign lands. We shall also have the right to establish a fellowship of ministers/churches
of like precious faith.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Luis B. Castano, President</u>	Name and Title:	_____
Address	<u>3399 NW 72nd Avenue, Ste. 230</u>	Address:	_____
	<u>Miami, Fl 33122-1344</u>		_____

Name and Title:	<u>Delma Jaime, Secretary/Treasurer</u>	Name and Title:	_____
Address	<u>14981 SW 147 Court</u>	Address:	_____
	<u>Miami, Fl 33196</u>		_____

Name and Title:	<u>Olga Castano, Director</u>	Name and Title:	_____
Address	<u>9939 NW 29 Court</u>	Address:	_____
	<u>Miami, Fl 33172</u>		_____

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: Luis B. Castaño
Address: 3499 NW 72nd Ave. Ste. 230
Miami, FL 33122-1344

17 JAN 17 AM 10:28
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Emilio B. Alvarez, CPA
Address: 650 NW 43th Avenue
Miami, FL 33126

ARTICLE VIII EFFECTIVE DATE: 1-11-2017

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 days prior or 90 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

Luis B. Castaño
Required Signature of Registered Agent

1/11/17
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.

[Signature]
Required Signature of Incorporator

1/11/17
Date