

N17000000549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

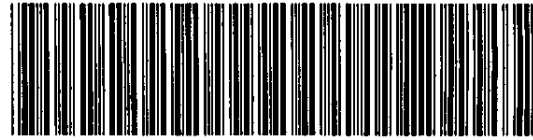
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JAN 17 PM 12:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

5-11-17

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COVER LETTER

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

SUBJECT: Ministerio Evangelistico Internacional Espiritu Santo, 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 &
Certificates of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Maria Rocha
Name (Printed or typed)

732 East Sagamore Avenue
Address

Clewiston, FL 33440
City, State & Zip

863-233-6915
Daytime Telephone number

anlileidy@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: Ministerio Evangelistico Internacional Espiritu Santo, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
732 East Sagamore Avenue
Clewiston, FL 33440

Mailing address, if different

RECORDS DIVISION
STATE OF FLORIDA
JAN 17 PM 2:53
TALLAHASSEE

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Ministerio Evangelistico Internacional Espiritu Santo, Inc.
purpose is to help the community with medicine, food, clothing, and essential
needs.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As set forth
in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria Rocha- President
Address: 732 East Sagamore Avenue
Clewiston, FL 33440

Name and Title: Anllileidy Santana- Treasurer
Address: 732 East Sagamore Avenue
Clewiston, FL 33440

Name and Title: Abel Peguero- Secretary
Address: 732 East Sagamore Avenue
Clewiston, FL 33440

Name and Title: _____
Address: _____

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: Maria Rocha
Address: 732 East Sagamore Avenue
Clewiston, FL 33440

17 JAN 17 PM 12:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maria Rocha
Address: 732 East Sagamore Avenue
Clewiston, FL 33440

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

Maria Rocha
Required Signature of Registered Agent

01-09-12
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.

Maria Rocha
Required Signature of Incorporator

01-09-12
Date