

N17000001885

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(City/State/Zip/Phone #)

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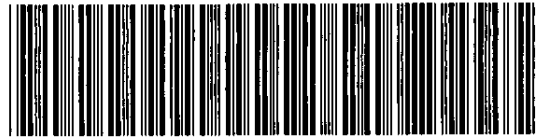
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/21/17

COVER LETTER

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

SUBJECT: Iglesia Pentecostal El Aposento Alto 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: Michael Castro
Name (Printed or typed)

6501 SW 23rd St.
Address

Miramar, FL 33023
City, State & Zip

305-968-3718
Daytime Telephone number

lcastro5711@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: Iglesia Pentecostal El Aposento Alto Inc

ARTICLE II. PRINCIPAL OFFICE

Principal street address:

6501 SW 23rd St

Miramar, FL 33023

Mailing address, if different is:

ARTICLE III. PURPOSE

The purpose for which the corporation is organized is: open a church, help the
community in Miramar, Florida. Volunteer in
shelters, and be a helping hand to the
needy.

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

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lyanne Rodriguez (Pastor)

Address: 6501 SW 23rd St
Miramar, FL 33023

Name and Title: Michael Castro (Pastor)

Address: 6501 SW 23rd St
Miramar, FL 33023

Name and Title: Misael Castro (Deacon)

Address: "Same"

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 FEB 17 AM 9:51

FILED

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: Michael Castro

Address: 6501 SW 23rd St

Miramar, FL 33003

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TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

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

Name: Michael Castro

Address: 6501 SW 23rd St

Miramar, FL 33003

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 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

Michael R. Castro

Required Signature of Registered Agent

2/10/2017

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.

Michael R. Castro

Required Signature of Incorporator

2/10/2017

Date