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## **COVER LETTER**

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

SUBJECT: IGLESIA SI	ON, INC.							
SOBJECT:	(PROPOSED CORPOR	ATE NAME – <u>MUST IN</u>	CLUDE 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  ADDITIONAL CO	& Certificate					
FROM:	ROM: HECTOR GONZALEZ  Name (Printed or typed)							
	8708 REDWOOD CT. APT.B	Address	-					
	TAMPA, FLORIDA 33604	ty, State & Zip	-					

(813)453-5976

hectorr2390@gmail.com

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

Daytime Telephone number

## ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit) The name of the corporation shall be: \_\_\_\_ ARTICLE II PRINCIPAL OFFICE Mailing address, if different is: Principal street address: 8708 REDWOOD CT APT. B TAMPA, FLORIDA 33604 The purpose for which the corporation is organized is: \_\_\_\_\_ TO PROVIDE SOCIAL ASSINTANCE TO HOSPITALS, COMMUNITIES AND DIFFERENT NEEDED HELP ACCORDING TO OUR SOURCES, HOLD BIBLES STUDIES, CHARITABLE EVENTS AND ENGAGE IN ANY AND ALL RELIGIOUS BUSINESS PERMITTED UNDER THE LAWS OF THE STATE OF FLORIDA. ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

As stated in bylaws ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: HECTOR GONZALEZ (PRESIDENT) Name and Title: 8708 REDWOOD CT Address \_\_\_\_\_ Address: APT. B TAMPA, FLORIDA 33604 Name and Title: Name and Title: Address \_\_\_\_\_ Address: Name and Title:\_\_\_\_\_\_\_Name and Title:\_\_\_\_\_\_ Address \_\_\_\_\_\_ Address:

Name and Title:		Name and Title:	<u> </u>	-	
Address	· · · · · · · · · · · · · · · · · · ·	Address:		-	
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Name and Title:		Name and Title:		•	
Address		Address:		-	
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ARTICLE VI	REGISTERED AGENT				
	lorida street address (P.O. Box NOT acce	eptable) of the registered agent is:			
Name:	HECTOR GONZALEZ		$\mathbf{z}_{\omega}$		
Address:	8708 REDWOOD CT APT	Γ. B	11.3 11.3 11.3 11.3 11.3 11.3 11.3 11.3	7 H	
	TAMPA, FLORIDA 33604	<u> </u>	CRETARY OF STATE LAHASSEE, FLORID	MAR -1	<del></del>
				th Hd	71750
	INCORPORATOR		<u> </u>		-
The <u>name and a</u>	iddress of the Incorporator is:		OR!	T.	
Name:	HECTOR GONZALEZ		E A	7	
Address:	8708 REDWOOD CT AP	T. B			
	TAMPA, FLORIDA 33604	4			
	EFFECTIVE DATE:	(OPTIONAL)			
(If an effective after the filing.		nd cannot be more than five business days price	or or 90	busin	ess days
-		N. I. C.		12	ما د ما د
Note: If the date document's effe	e inserted in this block does not meet the a ctive date on the Department of State's rec	pplicable statutory filing requirements, this date vords.	wiii noi o	e nste	d as the
Having been na	amed as registered agent to accept service	e of process for the above stated corporation at a	the place	desig	mated in this
		as registered agent and agree to act in this capac		_	
	Required Signature of Registered	d Agent	/9/ Date	10	17
	cument and affirm that the facts stated her	rein are true. I am aware that any false informati	ion subm	itted ii	n a document
to the Departme	ent of State constitutes a third degree felony	y as provided for in s.817.155, F.S.			
	Required Signature of Inco	d//	9/2 Date	01	7
	real prode Signature of Inco	προταιοι	Date		