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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

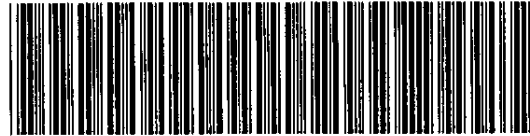
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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17 MAR 27 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W17-017369

π 03/27/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2017

DAVID RAMOS
3396 DEPEW AVE.
PORT CHARLOTTE, FL 33952

*** 2ND CORRECTION ***

SUBJECT: CENTRO DE CAPPELLANES CRISTIANO INC.
Ref. Number: W17000017369

RECEIVED
17 MAR 27 PM 1:30
BUREAU OF CORPORATIONS
REGISTRATION SERVICES

We have received your document for CENTRO DE CAPPELLANES CRISTIANO INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct Article IV (Manner of Election).

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: 717A00003897



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2017

DAVID RAMOS
3396 DEPEW AVE.
PORT CHARLOTTE, FL 33952

SUBJECT: CENTRO DE CAPPELLANES CRISTIANO INC.
Ref. Number: W17000017369

We have received your document for CENTRO DE CAPPELLANES CRISTIANO INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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: 717A00003897

COVER LETTER

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

SUBJECT: Centro de Capellanes Cristiano INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: DAVID RAMOS
Name (Printed or typed)

3396 DEPEW AV
Address

Port Charlotte, FL 33952
City, State & Zip

401-516-3968
Daytime Telephone number

ramosd758@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)

FILED
17 MAR 27 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: CENTRO DE CAPELLANES CRISTIANOS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3396 DEPEW AVE

PORT CHARLOTTE, FL 33952

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To educated students to work for the community and bring attention of mens ,
and womens with problems sickness, crisis, drugs additions, alcohol and others situations. In addition Iam willing to share all my skills
and abilities with the objective of conquer the wound and hurt hearts and also the espiritual way to be able to help the members and
studens to make theirs goals.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: I DAVID
Ramos as president Will choose the directors

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CESAR MORAN (PASTOR)

Address: 1677 HAYWORTH RD
PORT CHARLOTTE FL 33952

(director)

Name and Title: DAVID RAMOS

Address: 3396 DEPEW AVE
PORT CHARLOTTE FL 33952

(director)

Name and Title: MARISOL RAMOS

Address: 3396 DEPEW AVE
PORT CHARLOTTE FL 33952

(director)

Name and Title: DESIREE ROSADO

Address: 22219 MOSTROSE AVE
PORT CHARLOTTE FL 33952

(OFFICER)

Name and Title: CARLOS PINTO (PASTOR)

Address: 4794 FLAMLAN AVE
NORTH PORT FL 34287

(director)

Name and Title: WILFRIDO VARGAS

Address: 2038 CARPETGREEN STREET
PORT CHARLOTTE FL 33948

(director)

Name and Title: Moises Campos
Address: 4851 Alibi Terrace
North Port FL 34286
(Director)

Name and Title: Maribel Rodriguez
Address: 1570 S. Biscayne Drive
North Port FL 34287

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: David Ramos
Address: 3396 Depew Ave
Port Charlotte FL 33952

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17 MAR 27 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Ramos
Address: 3396 Depew Ave
Port Charlotte FL 33952

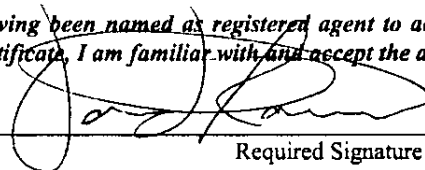
ARTICLE VIII EFFECTIVE DATE:

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

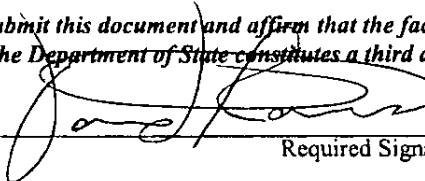


Required Signature of Registered Agent

2/11/17

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.



Required Signature of Incorporator

2/11/17

Date