

# N17000003662

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
SAN VICENTE DE PAUL MADRE DE CRISTO CORP**

Certificate of Status	0
Certified Copy	1
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APR 05 2017

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 29, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS

SUBJECT: SAN VICENTE DE PAUL MADRE DE CRISTO COR  
REF: W17000026766

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE NAME OF THE BUSINESS MUST MATCH THROUGHOUT THE DOCUMENTATION.

Please return 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.

Terri J Schroeder  
Regulatory Specialist III

FAX Aud. #: H17000085111  
Letter Number: 817A00005986

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

H17000085111

**ARTICLE I NAME**The name of the corporation shall be: San Vicente de Paul Madre de cristo corp**ARTICLE II PRINCIPAL OFFICE**Principal street address:

Mailing address, if different is:

2423 S.W. 147 Ave  
#118 MIAMI, FL 33175**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

for feeding the poor and  
the needy**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: By the  
By LAWS**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Narda Escudero Flores(President)Address: 2423 S.W.  
147 Ave #118  
Miami, FL 33175

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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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: Nayda Escuerdo FloresAddress: 2423 SW 147 Ave #118  
Miami FL 33175**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nayda Escuerdo FloresAddress: 2423 SW 147 Ave #118  
Miami FL 33175

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

Nayda E. Flores  
Required Signature of Registered Agent

3/28/17  
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.

Nayda E. Flores  
Required Signature of Incorporator

3/28/17  
Date

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