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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/04/17

COVER LETTER

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

SUBJECT: Iglesia Lluvia y Mana del Cielo, 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: Uriol Cuevas
Name (Printed or typed)

3661 SW 143rd Lane Rd.
Address

Ocala, FL 34473
City, State & Zip

352-274-1781
Daytime Telephone number

uriolcuevas1962@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: Iglesia Lluvia y Mana del Cielo Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3661 SW 143rd Lane Rd.
Ocala, FL 34473

Mailing address, if different is:

1741 NW 7th St., Apt. 409
Ocala, FL 34475

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Religious purposes such as
church worship, bible studies, mission, community
services, etc.

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ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as
provided for in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Uriol Cuevas, President</u>	Name and Title: <u>Ann Cuevas, Vice President</u>
Address: <u>3661 SW 143rd Lane Rd.</u> <u>Ocala, FL 34473</u>	Address: <u>3661 SW 143rd Lane Rd.</u> <u>Ocala, FL 34473</u>

Name and Title: <u>Damaris Torres, Asst. Vice President</u>	Name and Title: _____
Address: <u>1741 NW 7th St., Apt. 409</u> <u>Ocala, FL 34475</u>	Address: _____

Name and Title: _____	Name and Title: _____
Address: _____	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: Uriol Cuevas

Address: 3661 SW 143rd Lane Rd.

Ocala, FL 34473

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Uriol Cuevas

Address: 3661 SW 143rd Lane Rd.

Ocala, FL 34473

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: April 21, 2017 (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

Uriol Cuevas

Required Signature of Registered Agent

4/21/17
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.

Uriol Cuevas

Required Signature of Incorporator

4/21/17
Date