| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ac                     | ldress)            |           |
| (Ac                     | ldress)            |           |
| (Ci                     | ty/State/Zip/Phone | e #)      |
| PICK-UP                 |                    | MAIL      |
| (Bu                     | isiness Entity Nan | ne)       |
| (Dc                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
|                         | Office Use On      |           |



05/08/17--01004--008 \*\*87.50

FILLANASSEE (LOND)

EFFECTIVE DATE 05/04/17

7 05/10/17

## **COVER LETTER**



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

# RUACH HA KODESH FOUNDATION CORP.

## (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

JOSE J. ALONSO

FROM:

Name (Printed or typed)

2722 SE 156th AVE

Address

MIAMI FL 33185

City, State & Zip

305-399-8901

Daytime Telephone number

jjap@mail.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<br>The name of the corporation shall be:  | NDATION CORP.                    |
|--|----------------------------------|
| ARTICLE II PRINCIPAL OFFICE<br>Principal street address: | Mailing address, if different is |
| 729 SW 8TH STREET  |                                  |
| MIAMI FL 33130   |                                  |
|  | >                                |

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

homeless or distressed members of the Ruach Ha Kodesh community until they recover financially and be able to manage

their basic expenses, b) generate rental income from available apartments.

2. Assist in the financing of worldwide Christian missions for the preaching of the gospel of Jesus Christ and for the demonstration

of the goodness of God through assistance to the poor and needy in other parts of the world.

3. Assist the children of the Ruach Ha Kodesh community with scholarships and or grants to cover or help in the financing of

their tertiary education.

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

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| Name and Title | Jose J. Alonso    | Name and Title | Rosalie A. Echavarria |
|----------------|-------------------|----------------|-----------------------|
| Address        | 2722 SW 156th Ave |                | 2722 SW 156th Ave     |
|                | Miami FL 33185    |                | Miami FL 33185        |
|                |                   |                |                       |
| Name and Title | 3:                | Name and Title | : <u></u>             |
| Address        |                   | Address:       |                       |
|                |                   |                |                       |
|                |                   |                |                       |
| Name and Title |                   | Name and Title |                       |
| Address        | <u></u>           | Address:       |                       |
|                |                   |                |                       |
|                |                   |                |                       |

| Name'and Title:                 | ······   | Name and Title:  |                  |  |
|---------------------------------|--|--|------------------|--|
| ddress • •                      | · · · · · · · · · · · · · · · · · · ·  | Address:   |                  |  |
| -                               |  |  |                  |  |
| ame and Title:_                 |  | Name and Title:  |                  |  |
| ddress _                        |  | Address:   |                  |  |
|                                 | <u>REGISTERED AGENT</u>  |  | 17               |  |
|                                 | <u>lorida street address</u> (P.O. Box NOT accep<br>JUAN A. ECHAVARRIA                           | table) of the registered agent is:   | 17 HAY           |  |
| Name:                           | 9159 SW 77TH AVE # 209   |  | -8-              |  |
| Address:                        | MIAMI, FL 33156  | <u>~~</u>  | 50<br>50         |  |
|                                 | <u>INCORPORATOR</u><br>ddress of the Incorporator is:<br>JUAN A. ECHAVARRIA                      | >`   |                  |  |
| Address: 9159 SW 77TH AVE # 209 |  |  |                  |  |
|                                 | MIAMI, FL 33156  |  |                  |  |
|                                 |  | a cannot be more than five days prior of 90 days after   |                  |  |
|                                 | e inserted in this block does not meet the app<br>tive date on the Department of State's recor   | plicable statutory filing requirements, this date will not be<br>rds.  | listed as the    |  |
|                                 |  | of process for the above stated corporation at the place d<br>registered agent and agree to act in this capacity | lesignated in th |  |
|                                 |  | 05/04/201  | 05/04/2017       |  |
|                                 | Required Signature of Registered   | Agent Date   |                  |  |
| ubmit this doc<br>the Departmer | ument and affirm that the facts stated herei<br>nt of State constitutes if third degree felony a | n are true. I am aware that any false information submitte<br>is provided for in s.817.155, F.S.                 | ed in a documer  |  |
|                                 | (  | - 05/04/201  | 7                |  |
|                                 | Required Signature of Incorp   |  |                  |  |

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