

5  
N17 000 006 139

\_\_\_\_\_  
(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



700299834787

06/05/17--01033--015 \*\*87.50

17 JUN -5 PM 2:15  
2017 JUN 5 11:11

## COVER LETTER

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

**SUBJECT:** CONGREGACION CASA DE REFUGIO, 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:** Gloria Melendez  
\_\_\_\_\_  
Name (Printed or typed)

22409 Occanside Ave  
\_\_\_\_\_  
Address

Port Charlotte, FL 33952  
\_\_\_\_\_  
City, State & Zip

941-313-1482  
\_\_\_\_\_  
Daytime Telephone number

benigno\_mel@yahoo.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: CONGREGACION CASA DE REFUGIO, INC.

### ARTICLE II PRINCIPAL OFFICE

Principal street address:  
104 ROWLAND RD

LEHIGH ACRES FL 33936

LEE COUNTY

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Said corporation is organized exclusively for charitable, religious and educational puposes, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

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

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jorge L. Rivera, Minister

Address: 104 Rowland Rd  
Lehigh Acres, FL 33936

Name and Title: Juan Batista-Reyes, Treasurer

Address: 700 8th Ave  
Lehigh Acres, FL 33972

Name and Title: Benigno Melendez, President

Address: 22409 Oceanside Ave  
Port Charlotte, FL 33952

Name and Title: Gloria Melendez, Sub-Treasurer

Address: 22409 Oceanside Ave  
Port Charlotte, FL 33952

Name and Title: Jessica Miranda, Secretary

Address: 700 8th Ave  
Lehigh Acres, FL 33972

Name and Title:

Address:

17 JUN -5 PM 2:15

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: Benigno Melendez  
Address: 22409 Oceanside Ave  
Port Charlotte, FL 33952

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jorge L. Rivera  
Address: 104 Rowland Rd  
Lehigh Acres, FL 33936

**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*

Benigno Melendez  
Required Signature of Registered Agent

05/20/2017  
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.*

Jorge L. Rivera  
Required Signature of Incorporator

05/20/2017  
Date

FILED  
17 JUN -5 PM 2:15  
CLERK OF COURT  
HALL OF RECORDS  
TALLAHASSEE, FLORIDA