

N17000007796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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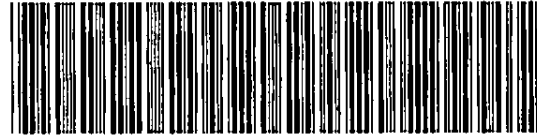
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA

✓ 07/28/17

COVER LETTER

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

SUBJECT: R. E. D. Ministries 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: Petra Perez
Name (Printed or typed)

450 N.W. 139 St.
Address

M. Miami FL 33168
City, State & Zip

786-985-4776
Daytime Telephone number

tatyperez8@aol.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:

B. E. D. Ministries Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

2056 N.W. 23 Ave.

Miami FL 33142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Give Spiritual Counseling
to the Citizens of our City. To our young
people and children. Also Music classes
to give them an option to take our
students out of the streets.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Elected by vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Petra Perez-Pas

Name and Title:

Address

450 N.W. 139 St.

Address:

N. Miami FL 33168

Name and Title:

Vice-Alcides Perez

Name and Title:

Address

450 N.W. 139 St.

Address:

N. Miami FL 33168

Name and Title:

Se Reynaldo Espinosa

Name and Title:

Address

2056 N.W. 23 Ave.

Address:

Miami FL 33142

17 JUL 27 AM 11:36
NOT RECORDED
STATE
OF FLORIDA

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: Petra Perez

Address: 450 N.W. 139th.

N. Miami FL 33168

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Alcides Perez

Address: 450 N.W. 139th.

N. Miami FL 33168

17 JUL 27 AM 11:36
OFFICE OF THE CLERK
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

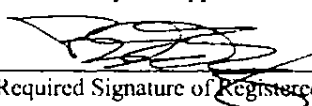
ARTICLE VIII EFFECTIVE DATE:

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

07/20/17
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

07/20/17
Date