

117 000009393

(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

SEP 18 2017

T. SCOTT



600303477636

09/18/17--01003--004 \*\*87.50

17 SEP 18 AM 9:28

FILED  
2017 SEP 18 AM 9:47

## COVER LETTER

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

SUBJECT: Apostolic Ministries of the Lord Jesus Christ, 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: Jorge Aviles  
Name (Printed or typed)

116 South Jackson St.  
Address

Quincy, FL 32353  
City, State & Zip

(850) 442-9085  
Daytime Telephone number

Aviles298@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: Apostolic Ministries of The Lord Jesus Christ, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1116 South Jackson St.

Quincy, FL 32353

Mailing address, if different is:

P. O. Box 1653

Quincy, FL 32353

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Religious

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: They are appointed by the Pastor with prior consent of the Bishop

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

Name and Title: Jorge Aviles (Pastor) Name and Title: Victor A. Aviles (treasurer)

Address: P.O. Box 1653 Address: P.O. Box 1653

Quincy, FL 32353 Quincy, FL 32353

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

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

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

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

FILED  
2011 SEP 18 11:54:47  
HAWAII

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: Jorge Aviles

Address: 116 South Jackson St.

Quincy, FL 32353

**ARTICLE VII INCORPORATOR**

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

Name: Jorge Aviles

Address: P.O. Box 1653

Quincy, FL 32353

**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*

Jorge Aviles  
Required Signature of Registered Agent

09-17-2017  
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 Aviles  
Required Signature of Incorporator

09-17-2017  
Date