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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

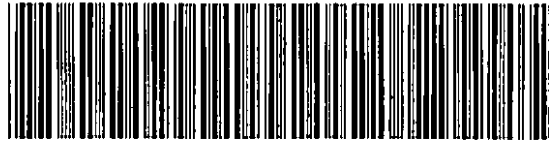
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17 DEC -1 6M 9:16
CLERK OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: UNIVERSIDAD DE TEOLOGIA LATINO AMERICANA, 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: REV. DR. RAMON ARCE
Name (Printed or typed)

35 MORTON STREET
Address

SPRINGFIELD, MA 01119
City, State & Zip

413 246-6146
Daytime Telephone number

RAMONARCE@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: UNIVERSIDAD DE TEOLOGIA LATINO AMERICANA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1140 SW MARIGOLD PLACE

FORT WHITE, FLORIDA 32038

Mailing address, if different is:

37 WILKES STREET

SPRINGFIELD, MA 01119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SEE ATTACHMENT: ARTICLE III

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Rev. Dr. Ramon Arce / President</u>	Name and Title:	<u>Dr. Jesus Arce / Vice-President</u>
Address	<u>35 Morton Street</u>	Address:	<u>37 Wilkes Street</u>
	<u>Springfield, MA 01119</u>		<u>Springfield, MA 01119</u>
Name and Title:	<u>Dr. Shirley Alvira / Vice-President II</u>	Name and Title:	<u>Rev. Dr. Rosa Arce / Treasurer</u>
Address	<u>18 Laurel Street</u>	Address:	<u>35 Morton Street</u>
	<u>Checopee, MA 01020-1440</u>		<u>Springfield, MA 01119</u>
Name and Title:	<u>Mrs. Milta Sostre / Secretary</u>	Name and Title:	
Address	<u>308 Abbot Street</u>	Address:	
	<u>Springfield, MA 01119</u>		

STATE OF FLORIDA
COUNTY OF ORANGE

17 DEC - 1 7:49:16

APPROVED
AND
FILED

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: Rev. Reyfredo Chacon

Address: 164 SW Lantana Court

Fort White, FL 32038

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rev. Dr. Ramon Arce

Address: 35 Morton Street

Springfield, MA 01119

ARTICLE VIII EFFECTIVE DATE: JANUARY 1, 2018

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

11/19/2017

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.


Required Signature of Incorporator

11/19/2017

Date