N19000001351

Florida Department of State
Division of Corporations
Electronic Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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FLORIDA PROFIT/NON PROFIT CORPORATION
MINISTERIO CARIDAD Y AMOR INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Ministerio Caridad y Amor Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5095 odin St

Spring Hill, Fl 34608

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Christian Ministry

The Corporation is organized pursuant to the provisions of the Florida Nonprofit Corporation Code In compliance with Chapter 617, F.S., and Section 501 (C) 3 of the Internal Revenue Service Code of 1986 or the corresponding provision of any future United State Internal Revenue Service Law. The organization is not a private foundation because it is 509 (a) (1) and 170(b)(1)(A)(i) -a Church or a Convention or a Organization.

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

By the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andrea Rodriguez

Address: 5095 odin St

Spring Hill, Fl 34608

President

Name and Title: Jose Rodriguez

Address: 5095 odin St

Spring Hill, Fl 34608

Vice President

Name and Title: MARGARITA Quiñones

Address: 14137 Kingmont St

Spring Hill, Fl 34609

Director

Treasurer

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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: Andrea Rodriguez

Address: 5095 Odin St.
Spring Hill FL 34608

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Andrea RODRIGUEZ

Address: 5095 Odin ST.
Spring Hill FL 34608

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

Andrea Rodriguez
Required Signature of Registered Agent

1/29/19
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.

Andrea Rodriguez
Required Signature of Incorporator

1/29/19
Date

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