

IV19000001393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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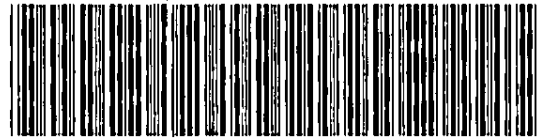
(Business Entity Name)

(Document Number)

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FEB 12 2019

COVER LETTER

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

SUBJECT: Iglesia APJS, Corp.
(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: Rita Anas Crisostomo
Name (Printed or typed)

22924 Chester View Loop
Address

#103, Lands O Lakes, FL 34639
City, State & Zip

(813) 532-0043
Daytime Telephone number

iglesiaapjs@gmail.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: Iglesia APJS, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

22846 Chesterview Loop

102, Lands O Lakes, FL

34639

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Restore, disciple and help-families and individuals
through the message of Jesus Christ.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As provided for in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rita Arias Crisostomo (P) Name and Title:

Address: 22924 Chesterview Loop Address:

103, Lands O Lakes

FL, 34639

Name and Title: Mary Ann Martinez Ortiz (VP) Name and Title:

Address: 22846 Chesterview Loop Address:

102, Lands O Lakes

FL, 34639

Name and Title: Suheyly Nieves Oneill Name and Title:

Address: Bo. Sonaclora, Sector Address:

Viña Carr. 835, casa

146A Guaynabo, PR 00971

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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: Rita J. Arias Crisostomo

Address: 22924 Chester View Loop
103, Lands O Lakes Fl 34639

ARTICLE VII INCORPORATOR

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

Name: Rita J. Arias Crisostomo

Address: 22924 Chester View Loop
Apt 103, Lands O Lakes Fl 34639

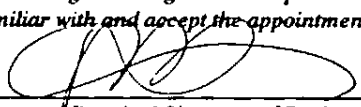
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/25/2019 (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

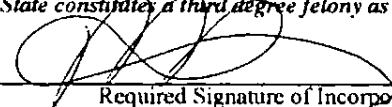


Required Signature of Registered Agent

1/30/19

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.



Required Signature of Incorporator

1/30/19

Date

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TALLAHASSEE, FLORIDA