

# N19000005125

\_\_\_\_\_  
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

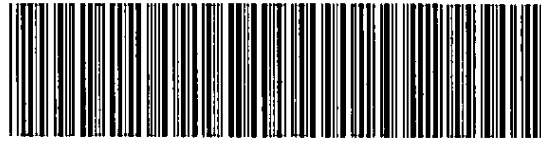
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DIVISION OF CORPORATIONS  
19 MAY -9 AM 9:31

## COVER LETTER

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

19 MAY - 9 AM '01  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

SUBJECT: CASA D' JUBILO Y RESTAURACION, 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: MANUEL MOYA  
Name (Printed or typed)

515 CHADWICK ST  
Address

PENSACOLA, FL 32503  
City, State & Zip

(305) 988-3770  
Daytime Telephone number

manupers73@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: CASA D' JUBILO Y RESTAURACION, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

515 CHADWICK ST

PENSACOLA, FL 32503

Mailing address, if different is:

(THE SAME)

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: A CHARITABLE, RELIGIOUS, EDUCATIONAL,  
LITERARY ORGANIZATION WITHIN THE MEANING OF  
SECTION 501(C)(3) OF THE INTERNAL REVENUE SERVICE  
CODE OF 1986, AS AMENDED, WITH THE PURPOSE OF  
PREACHING THE GOSPEL, HELPING THE COMMUNITY  
AND PROMOTING PEACE.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: AS  
STATED BY THE BYLAWS.

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

Name and Title: MANUEL MOYA Name and Title: PERSIDA MARRERO

Address: 515 CHADWICK ST Address: 515 CHADWICK ST  
PENSACOLA, FL 32503 PENSACOLA, FL 32503

TITLE: PASTOR, PRESIDENT TITLE: SECRETARY

Name and Title: HEBER MOYA Name and Title: \_\_\_\_\_

Address: 515 CHADWICK ST Address: \_\_\_\_\_  
PENSACOLA, FL 32503

TITLE: TREASURER

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

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
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 Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MANUEL MOYA  
 Address: 515 CHADWICK ST  
PENSACOLA, FL 32503

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PERSIDA MARRERO  
 Address: 515 CHADWICK ST  
PENSACOLA, FL 32503

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 5/7/2019 (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

5/6/2019  
 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

5/6/2019  
 Date