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(Requestor's Name)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

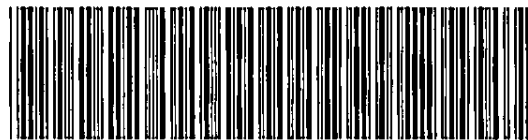
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COVER LETTER

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

SUBJECT: Congregación De Yahweh Nuestro Elohim, 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: Benigno Meléndez
Name (Printed or typed)

357 Sw McComb Ave.
Address

Port Saint Lucie, FL 34953
City, State & Zip

(352) 425-1710
Daytime Telephone number

benigno-mel@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: Congregacion de Yahweh Nuestro Elchim, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

357 Sw McComb Ave.

Port Saint Lucie, FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Religious Corporation

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Directors
are elected and appointed by elections.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Benigno Melendez - Pastor Name and Title: Elena Camacho - Secretary

Address: 22409 Oceanside Ave Address: 357 Sw McComb Ave.
Port Charlott, FL 33952 Port Saint Lucie, FL 34953

Name and Title: Gloria Melendez, Treasurer Name and Title: _____

Address: 22409 Oceanside Ave Address: _____
Port Charlott, FL 33952

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Benigno Melendez

Address: 22409 Oceanside Ave
Port Charlott, FL 33952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Benigno Melendez

Address: 22409 Oceanside Ave
Port Charlott, FL 33952

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

Benigno Melendez
Required Signature of Registered Agent

4/27/19
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.

Benigno Melendez
Required Signature of Incorporator
Benigno Melendez

4/27/19
Date