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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: La Nueva Iglesia Pentecostal, 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: Raul Sanchez

Name (Printed or typed)

30024 153rd Ave.

Address

Hornestead, Fl. 33033

City, State & Zip

786-325-9620

Daytime Telephone number

nuevaiglesiapentecostal2@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:

La Nueva Iglesia Pentecostal, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

236 SW 4th St.
Homestead, Fl. 33030

Mailing address, if different is:

30024 SW 153rd Ave.
Homestead, Fl. 33033

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to be a light to the Community
by Reaching, Growing, Teaching and Sending people into
other Communities.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

they will
be elected through a committee voting process.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pres. Rau Sanchez

Address: 30024 SW 153rd Ave.
Homestead, Fl. 33033

Name and Title: Offical Zoraida Cruz

Address: 14510 SW 295 St.
Homestead, Fl. 33033

Name and Title: V. Pres. Oscar Sanchez

Address: 1262 NW 105th Homestead
Fl 33030

Name and Title: _____

Address: _____

Name and Title: Sec. Debbie Sanchez

Address: 15620 SW 299 St
Homestead Fla 33033

Name and Title: _____

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: Oscar Sanchez

Address: 1262 NW 10 St Rear Apt

Homestead FL 33033

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jac R. Flores II

Address: 15620 SW 299th St.

Homestead, Fl. 33033

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/1/2019 (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

[Signature]
Required Signature of Registered Agent

11/1/19
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.

[Signature]
Required Signature of Incorporator

11/1/2019
Date