

1419000012024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

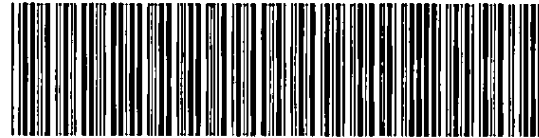
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DEC 02 2019

T. SCOTT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2019

ALFONSO UMANA AMAYA
17185 SW 40TH TERRACE
OCALA, FL 34473

SUBJECT: IGLESIA PENTECOSTAL REFUGIO DE SALVACION
Ref. Number: W19000085358

We have received your document for IGLESIA PENTECOSTAL REFUGIO DE SALVACION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 419A00019527

COVER LETTER

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

SUBJECT: Iglesia Pentecostal Refugio de Salvacion 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: Alfonso Umana Amaya

Name (Printed or typed)

17185 SW 40th Terrace

Address

Ocala, FL 34473

City, State & Zip

3528953911

Daytime Telephone number

jacobu18@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE I NAME

Iglesia Pentecostal Refugio de Salvacion INC.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
14480 SE US HIGHWAY 301

Summerfield, FL 34491

Mailing address, if different is:
17185 SW 40TH Terrace

Ocala, FL 34473

ARTICLE III PURPOSE

Religious, Charitable, Church.

The purpose for which the corporation is organized is: _____

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

according to by-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

President: Alfonso Umana Amaya
Name and Title: _____

Address 17185 SW 40th Terrace

Ocala, FL 34473

Secretary: Josue C Umana

Name and Title: _____

Address 5711 NW 4th ST

Ocala, FL 34482

Vice-President: Lillian M Umana
Name and Title: _____

Address 17185 SW 40th Terrace

Ocala, FL 34473

Name and Title: _____

Address: _____

Treasurer: Alex A Umana
Name and Title: _____

Address 4444 SW 108th PL

Ocala, FL 34476

Name and Title: _____

Address: _____

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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 Serrano
 Address: 4581 SW 110th LN
 Ocala, FL 34476

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Josue C Umana
 Address: 5711 NW 4th St
 Ocala, FL 34482

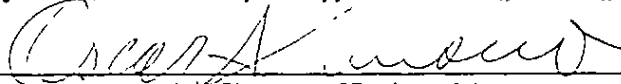
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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.)

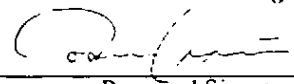
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

11-2-19
 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

11/2/19
 Date