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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

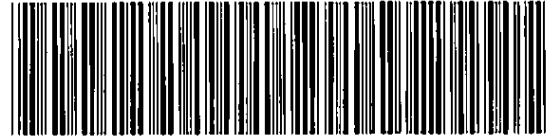
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Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: MINISTERIO PROFETICO MESIANICO, 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: ERADIO ALONSO

Name (Printed or typed)

1821 SMOKETREE CIRCLE

Address

APOPKA, FL. 32712

City, State & Zip

301-529-5391

Daytime Telephone number

ERADIOALONSO@HAYOO.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: MINISTERIO PROFETICO MESIANICO, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

1821 SMOKETREE CIRCLE

APOPKA, FL. 32712

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Said corporation is organized exclusively for charitable, religious, educational purposes, including for such purpose, the making of distribution to organizations that qualify as exempt organizations under Section 501 (c)(3) of the Internal Revenue Code, or the corresponding sections of any future federal tax code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: elected & appointed by a simple majority.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ERADIO ALONSO- PRESIDENT

Name and Title: _____

Address 1821 SMOKETREE CIRCLE

Address: _____

APOPKA, FL. 32712

Name and Title: MIRIAM N. ALONSO- SECRETARY

Name and Title: _____

Address 1821 SMOKETREE CIRCLE

Address: _____

APOPKA, FL. 32712

Name and Title: OSVALDO BERNHARDT- VP

Name and Title: _____

Address 1124 Grand Hilltop Dr.

Address: _____

Apopka, FL. 32703

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: ARNOLD L FIGUEROA
Address: 5933 BIBLECAMP RD.
GROVELAND, FL. 32712

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ERADIO ALONSO
Address: 1821 SMOKETREE CIRCLE
APOPKA, FL. 32712

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11-21-2019 (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

11-21-2019
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

11-21-2019
Date