

N20000002281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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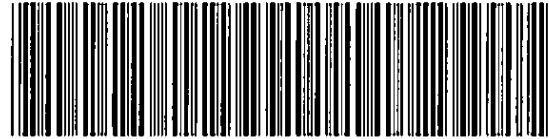
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

**SUBJECT:** MINISTERIO INTERNACIONAL CRISTO CAMINANDO, 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:** ANGEL C. BLANCO  
\_\_\_\_\_  
Name (Printed or typed)

10794 SW 88 STREERT #B3  
\_\_\_\_\_  
Address

MIAMI, FL 33176  
\_\_\_\_\_  
City, State & Zip

786 486 4368  
\_\_\_\_\_  
Daytime Telephone number

MICRISTOCAMINANDO@GMAIL.COM

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

**FILED**  
2020 FEB - 3 AM 7:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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 INTERNACIONAL CRISTO CAMINANDO, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
10794 SW 88 STREET # B3

MIAMI, FLORIDA 33176

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Our ministry is to provide homemade food for our homeless in the homestead area and whatever we can manage to help them out with their needs. Our goal is to meet homeless where they are, under bridges, on the roads, empty lots etc. Feeding is done every other Sunday including holidays. The most important part of our mission is built up their self-esteem, we pray for them also we show them unconditional love, respect and we like to assure them we are brother and sister under the eyes of the Lord, not to judge them because Jesus died on that cross for all of us.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: BY-LAWS

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

Name and Title: JUAN DE DIOS IBARRA, PASTOR

Address: 13717 SW 9 TERRACE  
MIAMI, FL 33184

Name and Title: SUSANA BLANCO, SECRETARY

Address: 10794 SW 88 STREET #B3  
MIAMI, FL 33176

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

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

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

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

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

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

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

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 FEB -3 AM 7:59

FILED

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: JUAN DE DIOS IBARRA  
Address: 13717 SW 9 TERRACE  
MIAMI, FL 33184

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ANGEL C. BLANCO  
Address: 10794 SW 88 STREET #B3  
MIAMI, FL 33176

**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

\_\_\_\_\_  
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

\_\_\_\_\_  
Date

FILED  
2020 FEB -3 AM 7:59  
SECRETARY OF STATE  
TALLAHASSEE, FL