

N20000004415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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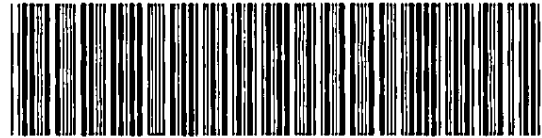
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: IGLESIA CRISTIANA INTERNACIONAL "EL BUEN SAMARITANO" 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: RAI MELQUIADES URGELLES
Name (Printed or typed)

25801 SW 133 COURT
Address

PRINCETON FLORIDA 33032
City, State & Zip

796-484-6241
Daytime Telephone number

MELQUIADES URGELLES @GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FL

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

ARTICLE I NAME

The name of the corporation shall be: IGLESIA CRISTIANA INTERNACIONAL "EL BUEN SAMARITANO" INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
13550 SW 256 STREET

Mailing address, if different is:

PRINCETON, FLORIDA 33032

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: As Stated in Article VI of the By Laws
The Church is not-for-profit religious body, and shall be supported by free-will voluntary tithes, offerings, and all other legal means by its member(s) non-Members. Building funds and/or property received shall be constituted as poroperty for the organization and shall be handled in all respects like other property of The Iglesia Cristiana Internacional "El Buen Samaritano" Inc in order to foster, extend, spread this gospel to all nations.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: General Counsel

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Rev. Melquiades Urgelles - President</u>	Name and Title:	<u>Victor Gomez - Vice President</u>
Address	<u>25851 SW 133 Court</u>	Address:	<u>14901 SW 296 Street</u>
	<u>Princeton, Florida 33032</u>		<u>Homstead Florida 33035</u>
Name and Title:	<u>Aureo Roman Holguin - Treasurer</u>	Name and Title:	<u>Jose Rafael Martinez - Secretary</u>
Address	<u>25071 SW 124 Place</u>	Address:	<u>13569 SW 287 Lane</u>
	<u>Homstead Florida 33032</u>		<u>Homstead Florida 33032</u>
Name and Title:	<u>Esteban Lucio Esqueda - Trustee</u>	Name and Title:	<u>Juan Jose de Jesus - Trustee</u>
Address	<u>325 NW 136 Court</u>	Address:	<u>18700 SW 294 Terrace</u>
	<u>Miami, Florida 33182</u>		<u>Homstead Florida 33030</u>

SECRETARY OF STATE
TALLAHASSEE, FL

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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: Rev. Melquiades Urgelles

Address: 13550 SW 256 Street
Princeton, Florida 33032

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rev. Melquiades Urgelles

Address: 13550 SW 256 Street
Princeton, Florida 33032

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/09/2020 (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

03092020

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

03092020

Date

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TALLAHASSEE, FL