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Certified Copies	Certificates	of Status		
				
Special Instructions to	Filing Officer:			
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COVER LETTER

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

SUBJECT: Ministerio de Restauración Levantando al Caido, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certified Copy
	Status		& Certificate

ADDITIONAL COPY REQUIRED

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

FROM: Felipe Mamirez-Osorio
Name (Printed or typed)

10ary Thegency Park Blud

Port Michey FL 34448
City. State & Zip

954 -588- 6759

Daytime Telephone number

Felipe · camirez 740 amail-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	de Nestauración Levantando al Caido, Inc.
ARTICLE II PRINCIPAL OFFICE	
Principal street address: 10214 Pregency Park Blvd.	Mailing address, if different is:
Port Dichey FL 34448	
ministry in the areas of: 1) rela family matters, 5) youth minist with the provisions and refer	o provide spiritual guidance and outreach Wonship (2) Depression, 3) anyiety (4) rry, (1) Food 3 Shelter, 1) ministry education rals within in our community, with a christian faith based concept.
<u>ARTICLE IV MANNER OF ELECTION</u> The mann	er in which the directors are elected and appointed:
ARTICLE V INITIAL OFFICERS AND/OR DIRECT	TORS
Name and Title: Felipe Manirez Corio Preside	on thame and Title: Charles Pramirez - Director
Address 10214 Megency Partz Blud. Port Michey, FL 34468 954-588-6759	
Name and Title: Milagros Soto Treasurer	Name and Title: Dangel J. Mivera Hernander, Secretary
Address Loggie amarillo 9t. Roct Michey FL 34448 727-534-2813	Address: 7237 Daggett Terruce
Name and Title:	Name and Title:
Address	Address:

Name and Title:	Name and Title:	
Address	Address:	
-		
Name and Title	None and Title	
	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT	TO. Box NOT acceptable) of the registered agent	÷
		IS:
	nirez-Ceorio	
Address: 10214 Megency	grante Blod	
Tart Richey	FL 34UVE	
		202
<u>ARTICLE VII</u> <u>INCORPORATOR</u> The name and address of the Incorporator	rie:	2020 JUH
		16
	rcz-Osorio	\dot{Q}
_	yearly Bird	SE PH E
Port Richey. 1	FL 34468	STATE
ARTICLE VIII EFFECTIVE DATE:		π ω
Effective date, if other than the date of fill (If an effective date is listed, the date m	ing:	IONAL) Share days after the filing to
document's effective date on the Departm	ies not meet the applicable statutory filing requient of State's records.	nrements, this date will not be listed as the
Having been named as registered agent of certificate. Lam familiar with and accept to	to accept service of process for the above sta the appointment as registered agent and agree t	ted corporation at the place designated in this
Flylo Romin Sinh	ture of Registered Agent	8/3/20
		Date
i submit ints document and affirm that the the Department of State constitutes a third	r facts stated herein are true. I am aware that at I degree felony as provided for in s.817.155, F.S	ny false information submitted in a document to S.
1////////		8/3/20
Hoppired S	Signature of Incorporator	Date