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Division of Corporations Fax Number : (850)617-6381 From: Account Name : EXPERTAX Account Number : 120200000010 Phone : (407)777-7470 Fax Number : (321)206-9743 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Fmail Address:			
From: Account Name : EXPERTAX Account Number : I20200000010 Phone : (407)777-7470 Fax Number : (321)206-9743 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**			
Account Name : EXPERTAX Account Number : 120200000010 Phone : (407)777-7470 Fax Number : (321)206-9743 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**		Fax Number	: (850)617-6381
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annual report mailings. Enter only one email address please.**		Fax Number	: (321)2 06 -9743
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FLORIDA PROFIT/NON PROFIT CORPORATION FUNDACION MINISTERIO LA RED INC

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COVER LETTER

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

	(PROPOSED CORP	ORATE NAME – <u>Must in</u>	CLUDE SUFFIX)	_
nclosed is an original	and one (1) copy of the Art	ticles of Incorporation and	a check for:	7
□ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	□S78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate	
·		ADDITIONAL CO	PY REQUIRED]
moore	ROBERTO CALLE			
FROM:	Na	me (Printed or typed)	-	
	3930 BLACKBERRY CIR.			20:
		Address	_	2020 SEF
	SAINT CLOUD, FL 3476	9		-
		City, State & Zip	_	-
	407-5585699			AH IO: 33 SEE, FL
Daytin		time Telephone number		717

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

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

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ARTICLES OF INCORPORATION

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

3930	Principal <u>street</u> address: BLACKBERRY CIR.	Mailing address, if different is: 3930 BLACKBERRY CIR.	
SAIN	T CLOUD, FL 34769	SAINT CLOUD, FL 34769	
ARTICLE III The purpose fo ESPECIA	PURPOSE r which the corporation is organized is LLY TO THE CHILDREN IN THE I	THE PURPOSE IS TO HELP THE FAMILY IN AN INTEGRAL WA	Y EA
BELIEVÍ	NG THAT THEY ARE VERY VULN	ERABLE	
IRTICLE IV	MANNER OF ELECTION The r	nanner in which the directors are elected and appointed:	_
ARTICLE V	INITIAL OFFICERS AND/OR DIR	ECTORS	
		ECTORS Name and Title:	
Name and Title	PRESIDENT		
Name and Title	PRESIDENT	Name and Title:	
Name and Title	PRESIDENT ROBERTO CALLE	Name and Title:	
Name and Title	PRESIDENT ROBERTO CALLE 3930 BLACKBERRY CIR SAINT CLOUD, FL 34769	Name and Title: Address:	1
Name and Title Address Name and Title	PRESIDENT ROBERTO CALLE 3930 BLACKBERRY CIR SAINT CLOUD, FL 34769	Name and Title: Address:	
Name and Title Address Name and Title	PRESIDENT ROBERTO CALLE 3930 BLACKBERRY CIR SAINT CLOUD, FL 34769 VICE-PRESIDENT	Name and Title: Address:	
Name and Title Address Name and Title	PRESIDENT ROBERTO CALLE 3930 BLACKBERRY CIR SAINT CLOUD, FL 34769 VICE-PRESIDENT RUTH AYALA	Name and Title: Address: Name and Title: Address:	
Name and Title Address Name and Title Address	PRESIDENT ROBERTO CALLE 3930 BLACKBERRY CIR SAINT CLOUD, FL 34769 VICE-PRESIDENT RUTH AYALA 3930 BLACKBERRY CIR SAINT CLOUD, FL 34769	Name and Title: Address: Name and Title: Address:	
Name and Title Address Name and Title Address	PRESIDENT ROBERTO CALLE 3930 BLACKBERRY CIR SAINT CLOUD, FL 34769 VICE-PRESIDENT RUTH AYALA 3930 BLACKBERRY CIR SAINT CLOUD, FL 34769	Name and Title: Name and Title: Name and Title:	ASS 0.70 1.31 EN IO. 0
	PRESIDENT ROBERTO CALLE 3930 BLACKBERRY CIR SAINT CLOUD, FL 34769 VICE-PRESIDENT RUTH AYALA 3930 BLACKBERRY CIR SAINT CLOUD, FL 34769 DIRECTOR	Name and Title: Name and Title: Name and Title:	200 0 (N 1 3) E1 (10: 0

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Name and Title:_		Name and Title:	
Address		Address:	
		<u> </u>	-
Name and Title:_		Name and Title:	-
Address		Address:	_
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_			-
	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acce	entable) of the registered agent is:	
•	ROBERTO CALLE	purity of the registered agent is.	202
Name:			2020 SEP
Address:	3930 BLACKBERRY CIR.		<u> </u>
	SAINT CLOUD, FL 34769		
		U	
	INCORPORATOR dress of the Incorporator is:	<u>-</u>	M 10: 33
) ne <u>name and an</u>	ROBERTO CALLE	· · · · · · · · · · · · · · · · · · ·	^그 참 33
Name:	· · · · · · · · · · · · · · · · · · ·		•
Address:	3930 BLACKBERRY CIR.		
	SAINT CLOUD, FL 34769		
ARTICI F VIII	EFF <u>ECTIV</u> E DATE:		
Effective date, if	other than the date of filing:	(OPTIONAL)	41 - 621 - 3
(If an effective d	ate is listed, the date must be specific a	and cannot be more than five days prior or 90 days afte	r the ming.)
	inserted in this block does not meet the a tive date on the Department of State's rec	applicable statutory filing requirements, this date will not be	e listed as the
document 3 crico	ave date on the Department of Blace 3 fee		
		e of process for the above stated corporation at the place	designated in this
certificate, I am fi	umiliar with and accept the appointment of	as registered agent and agree to act in this capacity	
	Required Signature of Registered	9/16	row
	Required Signature of Registered	d Agent l Date	7
		ein are true. I am uware that any false information submitte	ed in a document to
the Department o	f State constitutes afficing degree felony as	s provided for in s.817.155, F.S.	, (ans)
	KK -	9/10	6/2020
	Required Signature of Inco	rporator 'Date	