

11/17/2020

Division of Corporations

Florida Department of State
Division of Corporations
Filing Services

1200003975263

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000397526 3)))



H200003975263ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : 120000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ABUNDANT LIFE MINISTRIES USA INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2020 NOV 17 PM 3:46

2020 NOV 17 PM 12:52

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 18 2020

T. SCOT

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

ARTICLE I NAMEThe name of the corporation shall be: ABUNDANT LIFE MINISTRIES USA INC**ARTICLE II PRINCIPAL OFFICE**Principal street address:

Mailing address, if different is:

8870 NW 36TH ST APT 3201DORAL, FL 33178**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: THIS MINISTRY WILL BE USED FOR CHARITABLE SERVICE.**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: _____BY MINUTES AND BY LAWS**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JORGE FREILE LOZANO (P) Name and Title: MANASES FREILE CEPEDA (S)Address: 8870 NW 36TH ST APT 3201 Address: 8870 NW 36TH ST APT 3201
DORAL, FL 33178 DORAL, FL 33178Name and Title: MARGARITA CEPEDA ACUNA (VIP) Name and Title: _____Address: 8870 NW 36TH ST APT 3201 Address: _____
DORAL, FL 33178 _____Name and Title: DANIEL FREILE CEPEDA (T) Name and Title: _____Address: 8870 NW 36TH ST APT 3201 Address: _____
DORAL, FL 33178 _____

2020 NOV 17 PM 12:52

FILED

STATE
FLORIDA

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JORGE FREILE LOZANO

Address: 8870 NW 36TH ST APT 3201

DORAL, FL 33178

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JORGE FREILE LOZANO

Address: 8870 NW 36TH ST APT 3201

DORAL, FL 33178

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 01/01/2021 (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

Jorge Freile L.
Required Signature of Registered Agent

Nov 14 / 2020
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.

Jorge Freile L.
Required Signature of Incorporator

Nov 14 / 2020
Date