

N21000004847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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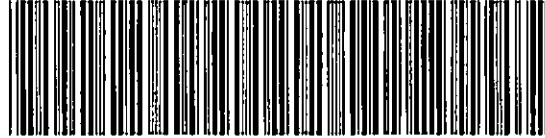
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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200361525342

03/22/21--01045-- 003 **78.75

FILED
MAR 22 2021
FBI - JAX

COVER LETTER

Mail to:

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

2019-07-22 11:19:55

SUBJECT: Iglesia Pentecostal El Gozo de Su Presencia, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☒ \$78.75
Filing Fee
& Certified Copy

Once these Articles have been approved please send a certified copy to the following address:

StartCHURCH
Attn: Angie Joya
P.O. Box 465017
Lawrenceville, GA 30042

The contact phone number is (678) 830-2600. Thank you for your assistance in this matter.

FROM: Miguel Angel Mogollon
26603 SW 125th Ct.
Homestead, FL 33032
(786) 287-6627

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

Articles of Incorporation

Iglesia Pentecostal El Gozo de Su Presencia, Inc.

Florida Not for Profit Corporation

The undersigned hereby adopts the following articles of incorporation in Compliance with Chapter 617, F.S., (Not for Profit).

Article 1 Name

The name of this corporation shall be Iglesia Pentecostal El Gozo de Su Presencia, Inc.

Article 2 Principal Office

The principal street and mailing address is:

26603 SW 125th Ct.
Homestead, FL 33032

Article 3 Purpose

The specific purpose for which the corporation is initially organized is to establish and oversee places of worship, teach and preach the gospel to all people, conduct evangelistic and humanitarian outreach, license and ordain ministers of the gospel and to also engage in activities which are necessary, suitable or convenient for the accomplishment of that purpose, or which are incidental thereto or connected therewith which are consistent with Section 501(c)(3) of the Internal Revenue Code. This corporation is organized and operated exclusively for religious purposes within the meaning of Section 501(c)(3), Internal Revenue Code.

Article 4 Manner Of Appointing Directors

Directors shall be appointed in the manner set forth in the bylaws. Directors may be removed and the vacancies shall be filled in the manner provided by the bylaws.

Article 5 Initial Directors

The directors named in these articles shall serve as initial directors for the ensuing year, or until the first meeting of the corporation, and any vacancies before then shall be filled in the manner set forth in the bylaws.

President
Miguel Angel Mogollon
26603 SW 125th Ct.
Homestead, FL 33032

Secretary
Sara D. Mogollon
26603 SW 125th Ct.
Homestead, FL 33032

Treasurer
Jennyffer Torres
26603 SW 125th Ct.
Homestead, FL 33032

Article 6 Initial Registered Office And Agent

The name and street address of the Initial Registered Agent of the corporation is as follows:

Miguel Angel Mogollon
26603 SW 125th Ct.
Homestead, FL 33032

Article 7 Incorporator

The name and address of the Incorporator is:

Miguel Angel Mogollon
26603 SW 125th Ct.
Homestead, FL 33032

Article 8 Members

This corporation shall have members. The eligibility, rights and obligations of the members will be determined by the organization's bylaws.

Article 9 Term And Dissolution

The date of commencement of corporate existence shall be when these articles have been filed with the Department of State and approved by it and the respective filing fee has been paid; the term for which the corporation is to exist shall be perpetual.

In the event of dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Article 10 Non Profit Organization

No part of the net earnings of the corporation shall ever inure to the benefit of, or be distributable to its members, directors, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes

set forth in article 3. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office.

Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on: (a) by a corporation exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue law or: (b) by a corporation, contributions to which are deductible under Section 170(c) of the Internal Revenue Code of 1986 or the corresponding provisions of any future United States Internal Revenue laws.

Article 11 Bylaws


The first bylaws of the corporation shall be adopted by the board of directors and may be amended, altered or rescinded by the board of directors in the manner provided by such bylaws.

Article 12 Amendments To Articles Of Incorporation

These articles of incorporation may be amended in the manner provided by statute or in the following manner:

Every amendment shall be approved by the board of directors.

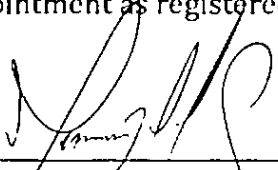
I, THE UNDERSIGNED INCORPORATOR, for the purposes of becoming a corporation not for profit under the provisions of the laws of Florida, do make and affix my signature to acknowledge and file in the office of the Secretary of State these articles of incorporation.



Miguel Angel Mogollon

03-10-2021
Date

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.



Miguel Angel Mogollon

03-10-2021
Date

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

► Go to www.irs.gov/FormSS4 for instructions and the latest information.

► See separate instructions for each line. ► Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested Iglesia Pentecostal El Gozo de Su Presencia, Inc.								
	2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name Miguel Angel Mogollon						
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 26603 SW 125th Ct.		5a Street address (if different) (Don't enter a P.O. box.)						
	4b City, state, and ZIP code (if foreign, see instructions) Homestead, FL 33032		5b City, state, and ZIP code (if foreign, see instructions)						
	6 County and state where principal business is located Miami-Dade, FL								
	7a Name of responsible party Miguel Angel Mogollon		7b SSN, ITIN, or EIN 769-16-3143						
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			8b If 8a is "Yes," enter the number of LLC members <input type="checkbox"/> Yes <input type="checkbox"/> No						
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No									
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check. <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ► _____ <input type="checkbox"/> Personal service corporation _____ <input checked="" type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ► _____ <input type="checkbox"/> Other (specify) ► _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ► _____									
9b If a corporation, name the state or foreign country (if applicable) where incorporated		State FL	Foreign country						
10 Reason for applying (check only one box) <input type="checkbox"/> Started new business (specify type) ► _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ► _____ <input checked="" type="checkbox"/> Banking purpose (specify purpose) ► OPEN CKG ACCT <input type="checkbox"/> Changed type of organization (specify new type) ► _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ► _____ <input type="checkbox"/> Created a pension plan (specify type) ► _____									
11 Date business started or acquired (month, day, year). See instructions. Sept. 2020		12 Closing month of accounting year DEC							
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. <table border="1"><tr><td>Agricultural</td><td>Household</td><td>Other</td></tr><tr><td>0</td><td>0</td><td>0</td></tr></table>		Agricultural	Household	Other	0	0	0	14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input checked="" type="checkbox"/>	
Agricultural	Household	Other							
0	0	0							
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) N/A									
16 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) ► We are a church. <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail									
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. N/A									
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ►									
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.								
	Designee's name Angie Joya, STARTCHURCH.COM, INC. Address and ZIP code P.O. Box 465017, LAWRENCEVILLE, GA 30042		Designee's telephone number (include area code) (678) 830-2600 Designee's fax number (include area code) (866) 716-0032						
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) ► Miguel Angel Mogollon, President			Applicant's telephone number (include area code) (786) 287-6627 Applicant's fax number (include area code) (678) 710-9124						
Signature ► 			Date ►						

Angie Joya
StartCHURCH
P.O. Box 465017
Lawrenceville, GA 30042

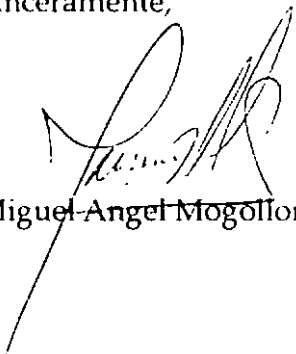
September 25, 2020

RE: autorización SS4 para Iglesia Pentecostal El Gozo de Su Presencia, Inc.

Yo, Miguel Angel Mogollon, por la presente autorizo Angie Joya para solicitar y recibir el Número de identificación de Empleador (EIN) en mi nombre para Iglesia Pentecostal El Gozo de Su Presencia, Inc. y para responder preguntas relacionadas con la finalización del formulario con información que incluye, entre otros: mi dirección postal, mi designación como parte responsable, mi Número de Identificación de contribuyente (SSN) válido, y el propósito del EIN es abrir una cuenta bancaria, y la actividad principal de la organización.

Entiendo que una copia de esta declaración firmada se mantendrá en los registros de StartCHURCH junto con una copia completa del Formulario SS-4, incluida la sección de la tercera parte designada.

Sinceramente,


☐ Miguel Angel Mogollon