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June 18, 2021

MANUEL BAEZ 6035 KENTUCKY AVE NEW PORT RICHEY, FL 34653

SUBJECT: LEADERSHIP JESUS NAME UNIVERSITY & M.G.D.C, INC

Ref. Number: W21000070015

We have received your document for LEADERSHIP JESUS NAME UNIVERSITY & M.G.D.C, INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II Supervisor

ALLAHASSÉE FLOGIS

Letter Number: 421A00013847



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 18, 2021

MANUEL BAEZ 6035 KENTUCKY AVE NEW PORT RICHEY, FL 34653

SUBJECT: LEADERSHIP JESUS NAME UNIVERSITY & M.G.D.C, INC

Ref. Number: W21000070015

We have received your document for LEADERSHIP JESUS NAME UNIVERSITY & M.G.D.C, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

It appears you meant to file as a non profit. If so then please fill out the blank non-profit form and send it back to our office in order for itto be processed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon Regulatory Specialist II Supervisor

Letter Number: 221A00010494

COVER LETTER

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

d one (1) copy of the Art □ \$78.75 Filing Fee & Certificate of Status	sticles of Incorporation and ■\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee,	
☐ \$78.75 Filing Fee & Certificate of	■\$78.75 Filing Fee	□ \$87.50 Filing Fee,	
Filing Fee & Certificate of	Filing Fee	Filing Fee,	
		& Certificate	
	DPY REQUIRED		
MANUEL O.BAEZ	Drinted or typed)	_	
	W.		
		MLLAHASSEETTE STE	
NEWPORT RICHEY FLORIDA 34653 City, State & Zip			
			727-776-6482
Dayt	ime Telephone number	_	
7	Na 035 KENTUCKY AVENU NEWPORT RICHEY FLOR 27-776-6482 Dayt	Name (Printed or typed) 035 KENTUCKY AVENUE Address VEWPORT RICHEY FLORIDA 34653 City, State & Zip	

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

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

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

The name of t	NAME he corporation shall be: LEADERSHII				
RTICLE II	PRINCIPAL OFFICE				
603:	Principal <u>street</u> address: 5 KENTUCKY AVENUE	SAN	Mailing address, if different is: SAME A PRINCIPAL ADDRESS		
NEV	VPORT RICHEY FLORIDA				
3465	53				
he purpose f	I PURPOSE for which the corporation is organized STUDY, PREACH THE WORD OF C		PLAINS, CHRISTIAN COUNSELING, DY.		
					
	hl	e manner in which the di	rectors are elected and appointed: A5 pawided		
in th	initial officers and/or d	IRECTORS			
in the RTICLE V ame and Tit	e bylaws	IRECTORS Name and Tit			
in the RTICLE V ame and Tit	INITIAL OFFICERS AND/OR DA	IRECTORS	JULIO WINTER (O) 13830 NEWPORT SHORES DR. HUDSON FL 34669		
PRICLE V ame and Tit ddress	INITIAL OFFICERS AND/OR DO IE: MANUEL O BAEZ (P) 6035 KENTUCKY AVE. N.P.R FL 34653	IRECTORS Name and Tite Address:	DR. HUDSON FL 34669 MILAGROS SOTO (T)		
ame and Tit	INITIAL OFFICERS AND/OR DO IE: MANUEL O BAEZ (P) 6035 KENTUCKY AVE. N.P.R FL 34653	Name and Tit	DR. HUDSON FL 34669 MILAGROS SOTO (T) 6936 AMARILLO ST		
ame and Tit	INITIAL OFFICERS AND/OR DATE: MANUEL O BAEZ (P) 6035 KENTUCKY AVE. N.P.R FL 34653 SHEILA G ROSARIO (S)	IRECTORS Name and Tite Address:	DR. HUDSON FL 34669 MILAGROS SOTO (T) 6936 AMARILLO ST DULIO WINTER (O) 13830 NEWPORT SHORES 27 JUN 23 28 JUN 23		
ame and Tit	INITIAL OFFICERS AND/OR DO IE: MANUEL O BAEZ (P) 6035 KENTUCKY AVE. N.P.R FL 34653 IE: SHEILA G ROSARIO (S) 6035 KENTUCKY AVE.	Name and Tit	DR. HUDSON FL 34669 MILAGROS SOTO (T) 6936 AMARILLO ST The state of		
ame and Tit ddress	INITIAL OFFICERS AND/OR DO IN	Name and Tite Address:	DR. HUDSON FL 34669 MILAGROS SOTO (T) 6936 AMARILLO ST DULIO WINTER (O) 13830 NEWPORT SHORES 27 JUN 23 28 JUN 23		
in th	INITIAL OFFICERS AND/OR DO IN	Name and Tite Address:	JULIO WINTER (O) 13830 NEWPORT SHORES DR. HUDSON FL 34669 MILAGROS SOTO (T) 6936 AMARILLO ST PORT RICHEY FL 34668 132 132 133 133 134 135 137 138 138 138 138 138 138 138		

	e:	Name and Title:			
Address		Address:		_	
				-	
Name and Title	e:	Name and Title:		_	
Address					
				_	
ARTICLE VI The name and	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT	acceptable) of the registered agent is	s:		
Name:	SHEILA G. ROSARIO				
Address:	6035 KENTUCKY AVE.		229	~2	
	N.P.R. Ft. 34653		ALLA)	2021 JUN 23	-T)
	INCORPORATOR address of the Incorporator is:		ALLAHASSEE FLORIO		
Name:			された。 第1	AM 11: 32	C.
Address:	6035 KENTUCKY AVE. NEWPORT RICHEY FLORIDA	. 34653	200	32	
					
Effective date, i	**EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be speci-	. (OPTIO	ONAL) days prior or 90 days afte	r the filin	ıg.)
	te inserted in this block does not meet to ective date on the Department of State*		rements, this date will not b	oe listed as	s the
certificate, Lam	familiar with and accept the appointment of Registered Signature of Regis	ent as registered agent and agree to	ed corporation at the place of act in this capacity Date	1	
	of State constitutes a third degree felon Required Signature of	ny as provided for in s.817.155, F.S. -		1	