

N21000011625

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H21000367411 3))



H210003674113ADCZ

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 : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 104512000707
Phone : (305)803-2736
Fax Number : (305)646-1527

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

Email Address: _____

2021. 11 AM 7:58

**FLORIDA PROFIT/NON PROFIT CORPORATION
ALAS DEL EVANGELIO, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2021 OCT -1 AM 10:32
STATE OF FLORIDA
DIVISION OF CORPORATIONS

FILED

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

ARTICLE I NAME

The name of the corporation shall be: ALAS DEL EVANGELIO, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

14170 SW 84 STREET

#503

MIAMI, FL. 33183

Mailing address, if different is:

14170 SW 84 STREET

#503

MIAMI, FL. 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PREACH THE GOSPEL AND HELP PEOPLE BY PROVIDING FOOD.
FUNDS WILL BE OBTAINED THROUGH DONATIONS.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: BY TWO THIRDS

OF DIRECTORS at an Annual Meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALICIA MATOS

Address: 14170 SW 84 STREET

#503

MIAMI, FL. 33183

Name and Title: DIRECTOR & PRESIDENT

Address: _____

Name and Title: ADIS MATOS

Address: 14170 SW 84 STREET

#503

MIAMI, FL. 33183

Name and Title: DIRECTOR & VICE PRESIDENT

Address: & SECRETARY

Name and Title: MICHELE MARTI

Address: 14170 SW 84 STREET

#503

MIAMI, FL. 33183

Name and Title: DIRECTOR & TREASURER

Address: _____

2021 OCT - 1 AM 10: 32

FILED

Handwritten signature

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: ALIC IA MATOS _____

Address: 14170 SW 84 STREET #503 _____

MIAMI, FL. 33183 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ALICIA MATOS _____

Address: 14170 SW 84 STREET #503 _____

MIAMI, FL. 33183 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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:

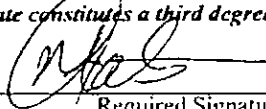


Required Signature of Registered Agent

09/29/2021

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.



Required Signature of Incorporator

09/29/2021

Date