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.

(((H22000009787 3)))



H220000097873ABC2

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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone Fax Number : (305)675-5944

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 MINISTERIO INTERNACIONAL CAMINO DE SANTIDAD INC.

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

| ARTICLES OF INCORPORATION In compliance with Chapter 617, F.S., (Not for Profit) | |
|--|-------------|
| The name of the corporation shall be: MINISTOTO Internacional Camino d. | e Sontidad |
| | |
| Principal street address: 142291 Stw 12046 84 Whit #11. 2595 SE 1 Street | et_ |
| Miami, FL. 33186 Homestead, FL. | 33033 |
| ARTICLE III PURPOSE | |
| The purpose for which the corporation is organized is: Church Service (BIR) le Study, Family reur | low cal |
| Bible Study Toursly | 10000 |
| - Formity reor | 110/1 |
| | <u> </u> |
| | ECH 122 |
| | JAN -7 |
| | HAR I |
| | SSE SSE |
| ARTICLE IV MANNER OF ELECTION The manner in which the discussion of the manner in the mann | TI ST |
| ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and approinted: | FAR 8 |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | |
| Name and Title: Daniel Garnieki, Name and Title: President. | |
| Address 2595 St 1 Street Address: Home stead FL 33033 | |
| | |
| Haritza Cariari | |
| Name and Title: Manitza Garnickie vame and Title: Treasurer. | |
| Address 2595 SE / Street Address: | |
| HomeStead Pl 33033 | |
| Name and Title: Ramsa Rocha Name and Title: Secretary. | |
| Address 2001 NW Plagler. Feorace Address: | |
| APT#2 Miami Pl 33/25 | |

| Name and Title: | Name and Title: | |
|--|--|--------------|
| Address | Address: | |
| | | |
| | | |
| | | |
| Name and Title: | Name and Title: | |
| Address | Address: | |
| | | |
| | | |
| | · | |
| ARTICLE VI REGISTERED AGENT | | 202° |
| Name: Danie Garn | 10110 | SECRETARY |
| | <u> </u> | |
| Address: 2595 SE 1 Str. | <u>ce</u> T | 次(2) |
| Homestead, E | <u>~35</u> 033 | Y OF STAT |
| ARTICLE VII INCORPORATOR | | N-7 AM 9: 18 |
| The name and address of the Incorporator is: | · | L |
| Name: Daniel Garnie Address: 9595 St / Sta | ck | |
| Address: 9595 St / Sta | reet | |
| HomeStead, Fl | <u></u> 33033 | |
| 1, 2 | | |
| Having been named as registered agent to accept service certificate, am familiar with and accept the appointment | ce of process for the above stated corporation at the place design | ated in this |
| | / > - | ~ |
| Own Ourrit | | _ |
| Required Signature of Register | red Agent Date | |
| I submit this document and affirm that the facts stated he to the Department of State constitutes a third degree felon | erein are true. I am aware that any false information submitted in a | a document |
| | / |) |
| Ducce Ownige | | |
| Required Signature of Inc | corporator Date | _ |