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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. O'KEEFE

FEB -7 2022

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

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

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

☐ \$70.00 ☐ \$78.75 ☐ \$78.75 ☒ \$87.50 Filing Fee Filing Fee & Filing Fee Filing Fee,
Certificate of & Certified Copy Certified Copy Status & Certificate

ADDITIONAL COPY REQUIRED

FROM: MANUEL O. BAEZ

6035 KENTUCKY AVENUE

*Address

NEW PORT RICHEY, FLORIDA, 34653

*City, State & Zip

727-7766482

*Daytime Telephone number

PASTOROMARBAEZ@YAHOO.COM

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

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: LEADERSHIP JESUS NAME UNIVERSITY & M.G.D.C., INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address: Mailing address, if different is:

6035 KENTUCKY AVENUE, NEW PORT RICHEY

FLORIDA, 34653

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PREPARED CHAPLAINS, CHRISTIAN COUNSELING, THEOLOGY STUDY, PREACH THE WORD OF GOD AND BIBLE STUDY.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: AS PROVIDED BY IN THE LAWS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Name and Title: MANUEL O. BAEZ (P)

Address Address: 6035 KENTUCKY AVE, NEW PORT RICHEY, FLORIDA 34653

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Name and Title: Name and Title: SHEILA G ROSARIO (S)

Address Address: 6035 KENTUCKY AVE. NEW PORT RICHEY, FLORIDA 34653

Name and Title: Name and Title: CHRISTIAN O.BAEZ (T)

Address Address: 6035 KENTUCKY AVE. NEW PORT RICHEY FLORIDA.34653

Name and Title: Name and Title: JULIO WINTER (O)

Address Address: 407 RUSK CIRCLE, SPRING HILL FLORIDA 34606

Name and Title: Name and Title: MILAGROS SOTO (T)

Address Address: 6936 AMARILLO STREET, PORT RICHEY FLORIDA. 34668

ARTICLE VI REGISTERED AGENT

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

Name: SHEILA G. ROSARIO

Address: 6035 KENTUCKY AVE. NEW PORT RICHEY, FLORIDA, 34653

ARTICLE VII INCORPORATOR

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

Name: MANUEL O. BAEZ

Address: 6035 KENTUCKY AVE. NEW PORT RICHEY, FLORIDA, 34653

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

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TALLAHASSEE, FLORIDA

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: SHEILA G ROSARIO
Address: 6035 KENTUCKY AVE.
NEW PORT RICHEY, FLORIDA. 34653

ARTICLE VII INCORPORATOR

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

Name: MANUEL O. BAEZ
Address: 6035 KENTUCKY AVE.
NEW PORT RICHEY, FLORIDA 34653

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:

Sheila G Rosario
Required Signature of Registered Agent

01/13/2022
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.

M-O-B-E
Required Signature of Incorporator

01/13/2022
Date