

N220000002383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

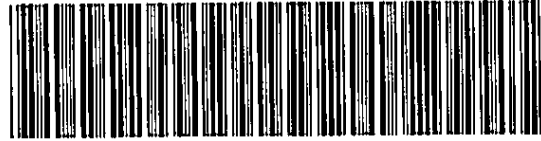
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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U.S. DISTRICT COURT
SOUTHERD DISTRICT OF FLORIDA

c

COVER LETTER

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

SUBJECT: LOS UNGIDOS DE DIOS

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: RAFAEL ANGEL BRUNO

Name (Printed or typed)

1155 BLACK FOOT AVE

Address

ORLANDO, FL 32825

City, State & Zip

Daytime Telephone number

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

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

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

ARTICLE I NAME

The name of the corporation shall be: LOS UNGIDOS DE DIOS

ARTICLE II PRINCIPAL OFFICE

Principal street address:
75 N. BUMBY AVE, ORLANDO, FL 32803

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PREACH THE WORD OF GOD , TO EVANGELIZE THE PRINCIPLE C
TO GATHER ON SUNDAYS TO PREDICATE THE WORD OF GOD

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAFAEL A. BRUNO

Name and Title: PRESIDENT

Address 1155 BLACK FOOT AVE
ORLANDO, FL 32825

Address:

Name and Title: NORMA I. BRUNO

Name and Title: VICE-PRESIDENT

Address 1155 BLACK FOOT AVE
ORLANDO, FL 32825

Address:

Name and Title: CARMEN MARIA GARCIA

Name and Title: TREASURE

Address 633 LAKE DOT CIR APT.1004
ORLANDO, FL 32801

Address:

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CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
IN 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: RAFAEL A. BRUNO

Address: 1155 BLACK FOOT AVE

ORLANDO, FL 32825

ARTICLE VII INCORPORATOR

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

Name: _____

Address: _____

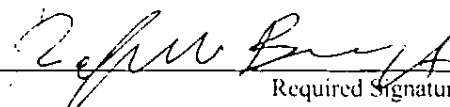
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: MARCH 1, 2022 (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

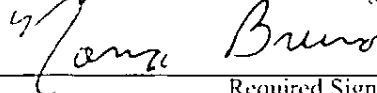


Required Signature of Registered Agent

2-14-2022

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.

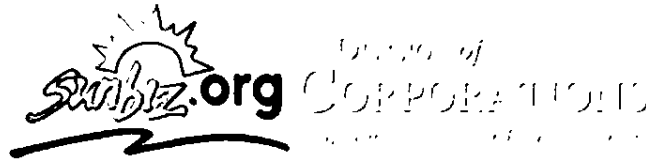


Required Signature of Incorporator

02-14-2022

Date

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JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA



Florida Nonprofit Filing

Filing Information

If an effective date is required for this filing, enter here 03 / 01 / 2022 (MM/DD/YYYY) What is an effective date?

Required Filing Fees: \$70.00

Certificate of Status ☒ \$8.75 (Optional) What is a certificate of status?

Certified Copy ☐ \$8.75 (Optional) What is a certified copy?

Corporate Name LOS UNGIDOS DE DIOS CORP.

(Name must include suffix such as "Corporation" or "Corp", "Incorporated" or "Inc.". A non-profit entity cannot use "Company" or "Co..")

Manner in which directors are elected:

☒ As provided for in the bylaws.

- OR -

List specific manner of election or appointment of directors in space below.

As provided for in the bylaws.

Principal Place of Business (The principal address must be a street address)

Address 75 N. BUMBY AVE

Suite, Apt. #, etc.

City, State ORLANDO , FL

Zip Code & Country 32803

Mailing Address

If your corporate mailing address is the same as the principal address above, please check the box below. Otherwise, enter your corporate mailing address.

☒ Mailing address same as principal address

Address 75 N. BUMBY AVE

Suite, Apt. #, etc.

City, State ORLANDO , FL

Zip Code & Country 32803 US

Name And Address of Registered Agent What is a registered agent?

Name	BRUNO	, NORMA	, I	,
Last Name		First Name	Initial	Title (Sr., Jr., etc.)

- OR -

Business to serve as RA

(Must be different from entity name being filed)

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CLERK OF COURT

Address 75 N.BUMBY AVE (PO Box not acceptable)
Suite, Apt. #, etc.
City, State ORLANDO , FL
Zip Code & Country 32803 US

The Registered Agent must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on the entity's behalf. **Do not enter the name of the entity you are attempting to file as Registered Agent.** A business entity cannot serve as its own RA.

Registered Agent Signature RAFAEL BRUNO

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s. 831.06, F.S.

Notice of Annual Report

This corporation must file an Annual Report with the Division of Corporations between January 1st and May 1st of every year to maintain "active" status. The corporation's first annual report will be due between January 1st and May 1st of the calendar year following the year the corporation is formed and must be filed online. The fee to file a Corporation Annual Report is \$61.25. Reminder notices to file the Annual Report will be sent to the e-mail address you provide in these articles.

Incorporator Name And Address

Name RAFAEL ANGEL BRUNO
Address 1155 BLACK FOOT AVE
Suite, Apt.#, etc.
City, State & Zip Code ORLANDO,FL 32825

Electronic Signature of Incorporator RAFAEL ANGEL BRUNO

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I acknowledge that I have read the above "Notice of Annual Report" statement and understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Corporate Purpose

(Maximum of 240 characters.)

PURPOSE IS TO SPREAD THE WORD OF GOD,
EVANGELIZE, TO PREACH AND REUNITED AS
CHURCH

157 characters remaining

Correspondence Name And E-mail Address Why do you need my e-mail address?

Please enter your e-mail address carefully and verify that it is correct. This is the address correspondence pertaining to this filing and future annual report notices will be sent.

Name RAFAEL ANGEL BRUNO
E-mail Address losungidosdedios7@gmail.com
Re-enter E-mail Address losungidosdedios7@gmail.com

Officer/Director Name And Address

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CORPORATION DIVISION

List the name and address of each officer/director now. A non-profit corporation must have 3 directors at all times. This information is required to open most bank accounts and to obtain workers' comp exemption. Once this document is filed, any changes will require an amendment, which cannot be filed online, and cost an additional \$35.00 filing fee.

Title (P, VP, etc...)

Name

Last Name

First Name

Initial

Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer NORMA IRIS BRUNO

Street Address

1155 BLACK FOOT AVE

City, State

ORLANDO

, FL

Zip Code & Country

32825

US

Title (P, VP, etc...)

Name

Last Name

First Name

Initial

Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer CARMEN M GARCIA

Street Address

633 LAKE DOT CIR APT. 1004

City, State

ORLANDO

, FL

Zip Code & Country

32801

US

Title (P, VP, etc...)

Name BRUNO

, RAFAEL

, A

Last Name

First Name

Initial

Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

Street Address

City, State

Zip Code & Country

Title (P, VP, etc...)

Name

Last Name

First Name

Initial

Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

Street Address

City, State

Zip Code & Country

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H. H. HALL, CLERK
TALLAHASSEE, FLORIDA

Title (P, VP, etc...)

Name

Last Name

First Name

Initial

Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

Street Address

City, State

Zip Code & Country

Title (P, VP, etc...)

Name

Last Name

First Name

Initial

Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

Street Address

City, State

Zip Code & Country

Please review the filing for accuracy. If you need to make corrections, do so at this time. The filing information will be added/edited exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed, cancelled or refunded.

Continue

Reset

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