

# N220000010422

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

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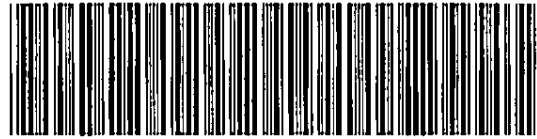
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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## COVER LETTER

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

**SUBJECT:** MINISTERIO: RESTAURANDO Y LLEVANDO EL ALIMENTO INC.

(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: FRANCISCO AYALA GARCIA  
\_\_\_\_\_  
Name (Printed or typed)

59 CORDONA DR. APT. G  
\_\_\_\_\_  
Address

KISSIMME FL. 34758  
\_\_\_\_\_  
City, State & Zip

787-528-3310  
\_\_\_\_\_  
Daytime Telephone number

Ayalafrancisco206@gmail.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: MINISTERIO: RESTAURANDO Y LLEVANDO EL ALIMENTO INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
59 CORDONA DR. APT. G

KISSIMMEE FL. 34758

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

NUESTRO PROPOSITO ES LLEVAR EL ALIMENTO A TODA PERSONA NECESITADA, AYUDAR A LA COMUNIDAD.

LLEVAR LA PALABRA DE NUESTRO SEÑOR JESUCRISTO PARA QUE ATRAVES DE LA MISMA

LAS VIDAS SEAN RESTAURADAS ESPIRITUALMENTE.

**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: V/P: HECTOR RIOS

Name and Title: \_\_\_\_\_

Address: 300 FERRARA CT

Address: \_\_\_\_\_

KISSIMMEE FL. 34758

Name and Title: SECR. CARMEN D. ACEVEDO

Name and Title: \_\_\_\_\_

Address: 59 CORDONA DR. APT. G

Address: \_\_\_\_\_

KISSIMMEE FL. 34758

Name and Title: TES. GRACE TEJADA

Name and Title: \_\_\_\_\_

Address: 300 FERRARA CT

Address: \_\_\_\_\_

KISSIMME FL 34758

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TALLAHASSEE, FL 32301

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: FRANCISCO AYALA GARCIA

Address: 59 CORDONA DR. APT. G

KISSIMME FL. 34758

**ARTICLE VII INCORPORATOR**

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

Name: FRANCISCO AYALA GARCIA

Address: 59 CORDONA DR. APT G

KISSIMMEE FL 3478

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**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*

Francisco Ayala Garcia  
Required Signature of Registered Agent

08/22/2022  
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.*

Francisco Ayala Garcia  
Required Signature of Incorporator

08/22/2022  
Date