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(Re	questor's Name)	
	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number))
Certified Copies	_ Certificates	s of Status
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COVER LETTER

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

SUBJECT: Iglesia Cristiana Casa de laz, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee &	□\$78.75 Filing Fee	☑ \$87.50 Filing Fee,
	Certificate of Status	& Certified Copy	Certified Copy & Certificate
		ADDITIONAL CO	OPY REQUIRED 5.
		_	L AH
FROM: _	Eglis Leyva	me (Printed or typed)	7:55E
	499 Shevida		
-	777 3000 7 2000	Address	- A
<u>-</u>	Satellite Bea	rch FL 32937 City, State & Zip	-
	(321) 367-9	5 É /	

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

ARTICLES OF INCORPORATION

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

The name of	of the corporation shall be: Iqlesia Cristiana	Casa de laz, Inc	
ARTICLE	2		-
	Principal street address:	Mailing address, if different is:	
_	499 Sheridan Ave	····	
	Satellite Beach FL 32937		
_			
ARTICLE The purpos	III PURPOSE se for which the corporation is organized is:	services -church	
			
		23 F	
	IV MANNER OF ELECTION The manner in which the directors stated by the by laws V INITIAL OFFICERS AND/OR DIRECTORS	်≘ ⊋ ါ်	
	Title: Leyva Reves Eglis President Name and Title:	- m or	
	499 Shevilan Auc Address:		
	Satellite Beh FL 32937		
Nama and T	Title Hernandez Brita, Marly SName and Title:		
Address			
Address	499 Sheridan Ave		
	Satellite Beh Fl. 32937		
Name and 1	Fitle: Green, Mariorie Treas Name and Title:		
Address	499 Shewidan Ave Address:		
	Satollite Beh FL 32937		

Name and Titl	e: <u>-</u>	Name and Title:	
Address			
Name and Title	:	Name and Title:	
Address		A 44	
			
ARTICLE VI	REGISTERED AGENT		
ine <u>name and</u>	Florida street address (P.O. Box NOT acc	_	
Name:	Marjorie S. Gho	5N	
Address:	499 Sheridan A	17 P.	
	Satellite Pak (1	<u> 3.19</u> 3.7	
ARTICLE VII	<u>INCORPORATOR</u>		
The name and	address of the Incorporator is:		_
Name:	Fglis Leyva Re 499 Sheridan A	945 <u>-</u>	23 SEC SALL
Address:	499 Sheridan A	<i>l</i> √€	~ · · · · · · · · · · · · · · · · · · ·
	Sate Mite Beh FL		SEE 21
<u>ARTICLE VIII</u>	EFFECTIVE DATE:		is g <u>m</u>
Effective date, i	f other than the date of filing:	. (OPTIONAL)	
Note: If the dat locument's effe	e inserted in this block does not meet the a ctive date on the Department of State's rec	pplicable statutory filing requirements, tords.	his date will not be listed as the
crigicale, ram	med as registered agent to accept service familiar with and accept the appointment a	is registered agent and agree to act in thi	ution at the place designated in this s capacity
71-1	Been		2/20/22
-17	Required Signature of Registered	Agent	2/20/23 Date
submit this doc	ument and affirm that the facts stated here of State constitutes a third degree felony as	in are true. I am aware that any falce inf	ormation submitted in a document to
6	WL	t and the second territories to the	, ,
	Required Signature of Incor	porator	$\frac{2/26/23}{\text{Date}}$
	. •	•	Date

COVER LETTER

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

SUBJECT: Iglesia Cristiana Casa de la 3- Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	
		ADDITIONAL CO	PY REQUIRED
	Eglis Leyva Nar 499 Sherida		- 1 0 x 0 3 1
	MARCHER WAR	City, State & Zip	_
	(321) 367-4	56 / me Telephone number	_

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

ARTICLES OF INCORPORATION

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

	I NAME of the corporation shall be: \(\frac{\mathcal{L}}{\mathcal{L}}\frac{\mathcal{L}}{\mat	
	Principal street address:	Mailing address, if different is:
	Date Wite Bunch FL 37727	
ARTICLE The purpos	e for which the corporation is organized is:	services church
	IV MANNER OF ELECTION The manner in which the direct	
	V INITIAL OFFICERS AND/OR DIRECTORS Fitle: Legva Reces Eglis Name and Title:	23 FEB 24 SECRETARY ALLAHASSE
Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name and T	Fitte Hex vigniles. Parido Marley Name and Title:	
Address	499 Mexilan Aus	
	Stallite 18 to 11 3-459	
Nome a 7	Tieles Contract of Marine Contract of Marine and Traction	
Name and T Address	Title: Gregor, Mary sele Trest Name and Title: 199 Surviva M Ave Address:	

Manue and Thi	'		
		Name and Title:	
Address		Address:	
			<u> </u>
Name and Titl	e:	Name and Title:	
Address			
			
ARTICI F VI	REGISTERED AGENT		
The name and	Florida street address (P.O. Box NO	T acceptable) of the registered agent is	ζ.
Name:	Marjorie De 6	ENDEM	
Address:	499 Shoridas		
	3. to 11. to 5. k	-	
		<u>. </u>	
	INCORPORATOR address of the Incorporator is:		
	address of the Incorporator is:	N'PYES	
The name and	address of the Incorporator is:	<u>Noves</u> Ave	
The name and Name:			ī _Ā .
The name and Name: Address:	Address of the Incorporator is: Eglis Legya 499 Sherilan Site Hite Ph		23 FU SECRI FALLA
The name and Name: Address: ARTICLE VIII Effective date, i	### Address of the Incorporator is: ### ################################	<u>F1 32.7</u> 37	23 FEB 2 SECRETAL FALLAHAS
Name: Address: ARTICLE VIII Effective date, i	### Address of the Incorporator is: #### ###############################	F1 32.737 (OPTIO	NAL) ASS
Name: Address: ARTICLE VIII Effective date, i	### Address of the Incorporator is: #### ###############################	F1 32.737 (OPTIO	NAL) ays prior or 90 days after the filing) ements, this date will not be listed as the
Name: Address: ARTICLE VIII Effective date, i	### Address of the Incorporator is: #### ###############################	F1 32.737 (OPTIO	NAL) ays prior or 90 days after the filing) ements, this date will not be listed as the
The name and Name: Address: ARTICLE VIII Effective date, i (If an effective Note: If the dat locument's effe	Address of the Incorporator is: Fals Leg va 199 She to Journ 199 She to Journ 200 She to Jour 200 She to Jour 200 She to Jour 200 She to Jour 20	(OPTIO cific and cannot be more than five det the applicable statutory filing require e's records.	ements, this date will not be listed as the
Name: Address: ARTICLE VIII Effective date, i If an effective Note: If the dat locument's effe	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specified as registered agent to accept so familiar with and accept the appointment.	(OPTIO cific and cannot be more than five det the applicable statutory filing require e's records. ervice of process for the above stated ment as registered agent and agree to a	ements, this date will not be listed as the corporation at the place designated in this capacity
Name: Address: ARTICLE VIII Effective date, i (If an effective Note: If the dat document's effe	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specified as registered agent to accept so familiar with and accept the appointment.	(OPTIO cific and cannot be more than five det the applicable statutory filing require e's records. ervice of process for the above stated ment as registered agent and agree to a	ements, this date will not be listed as the
The name and Name: Address: ARTICLE VIII Effective date, i (If an effective Note: If the dat locument's effet Having been natertificate, I am estificate, I am	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be speciative date on the Department of State uned as registered agent to accept so familiar with and accept the appointment of Registered Signature of Registered and affirm that the facts stated	(OPTIO cific and cannot be more than five det the applicable statutory filing required is records. ervice of process for the above stated ment as registered agent and agree to a stered Agent	ements, this date will not be listed as the corporation at the place designated in this capacity 2/20/23 Date
Name: Address: ARTICLE VIII Effective date, if an effective Note: If the dat locument's effective date, if the date of the da	EFFECTIVE DATE: fother than the date of filing: date is listed, the date must be specified as registered agent to accept sefamiliar with and accept the appointment of Signature of Registered agent to accept sefamiliar with and accept the appointment and affirm that the facts stated of State constitutes a third degree felo	(OPTIO cific and cannot be more than five det the applicable statutory filing require e's records. ervice of process for the above stated ment as registered agent and agree to a stered Agent therein are true. I am aware that any form as provided for in s. 817.155, F.S.	ements, this date will not be listed as the corporation at the place designated in this capacity 2/20/23 Date
The name and Name: Address: ARTICLE VIII Effective date, i (If an effective Note: If the dat locument's effet Having been na ertificate, I am submit this doc he Department	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be speciative date on the Department of State uned as registered agent to accept so familiar with and accept the appointment of Registered Signature of Registered and affirm that the facts stated	(OPTIO cific and cannot be more than five det the applicable statutory filing require e's records. ervice of process for the above stated ment as registered agent and agree to a stered Agent therein are true. I am aware that any form as provided for in s. 817.155, F.S.	ements, this date will not be listed as the corporation at the place designated in this capacity