

COVER LETTER

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

SUBJECT: Iglesia Genesis CPD 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: Samuel Figueroa
Name (Printed or typed)

60208 Orange Ave. Ste 124
Address

Orlando FL 32809
City, State & Zip

321-925-8807
Daytime Telephone number

info@clickvirtualservices.com
E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FL

2023 APR 11 PM 7:08

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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:

Iglesia Genasis CPD, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

6208 S. Orange Ave. Ste 124
Orlando Fl. 32809

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Said Corporation is organized exclusively for Charitable, Religious, Educational and Scientific Purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under 501(c)(3) of the Internal Revenue Code, the corresponding section of any future Federal Tax Code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Secret ballot

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Samuel Figueroa (President)

Address: 1013 Kelly Creek Circle
Orlando FL. 32765

Name and Title: Nathan S. Figueroa (Director)

Address: 1013 Kelly Creek Circle
Orlando FL. 32765

Name and Title: Carlos J Molina (Director)

Address: 3596 Brighton Park
Belle Isle FL. 32812

Name and Title: Johanna Maldonado (Director)

Address: 3596 Brighton Park
Belle Isle FL. 32812

Name and Title: Angel L. Torres (Director)

Address: 2145 Bridgeway Cir.
Orlando FL. 32824

Name and Title: Ruth M. Figueroa (Treasurer)

Address: 1013 Kelly Creek Circle
Orlando FL. 32765

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CLERK OF STATE
TALLAHASSEE, FL

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: Samuel Figueroa

Address: 1013 Kelly Creek Circle
Oviedo Fl. 32765

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Samuel Figueroa

Address: 1013 Kelly Creek Circle
Oviedo Fl. 32765

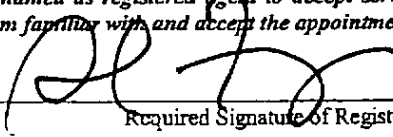
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3/25/23 (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

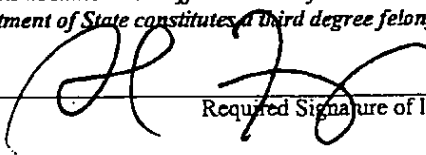


Required Signature of Registered Agent

3/25/23

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

3/25/23

Date

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TALLAHASSEE, FL