

N23000007234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

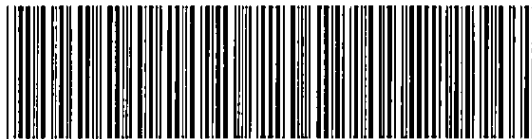
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23 MAY 26 AM 8:52

## COVER LETTER

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

SUBJECT: Elevate Ministries Tampa, 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**

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314  
MAY 11 2011

23 MAY 26 AM 8:52

FILED

FROM: Bernard Garcia  
Name (Printed or typed)

513 Sand Ridge Dr.

Address

Valrico, Florida 33594

City, State & Zip

(813) 750-2052

Daytime Telephone number

elevateministriestampa@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: Elevate Ministries Tampa, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
513 Sand Ridge Dr.

Mailing address, if different is:

Valrico, Florida 33594

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Religious Ministries/Church

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

Voted in

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Bernard Garcia, Pastor

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

Address 513 Sand Ridge Dr.

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

Valrico, Florida 33594

Name and Title: Valentino Pacheco

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

Address 8700 Warm Wind Pl, NW

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

Albuquerque NM 87120

Name and Title: Lawrence Gurule

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

Address 800 Kipuka Dr. NW

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

Albuquerque NM 87120

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: Bernard Garcia \_\_\_\_\_

Address: 513 Sand Ridge Dr. \_\_\_\_\_

Valrico, Florida 33594 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Bernard Garcia \_\_\_\_\_

Address: 513 Sand Ridge Dr. \_\_\_\_\_

Valrico, Florida 33594 \_\_\_\_\_

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23 MAY 26 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

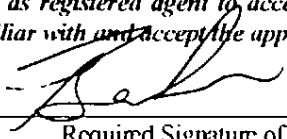
**ARTICLE VIII EFFECTIVE DATE:**

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*

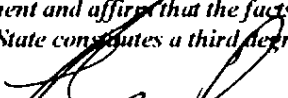


Required Signature of Registered Agent

4/20/23

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.*



4/20/23

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Valrico, Florida 33594

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

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

Name and Title: Valentino Pacheco

Address: 8700 Warm Wind Pl. NW  
Albuquerque NM 87120

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

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

Name and Title: Lawrence Gurule

Address: 800 Kipuka Dr. NW  
Albuquerque NM 87120

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

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

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23 MAY 28 PM 6:42  
SOUTH FLORIDA  
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: Bernard Garcia

Address: 513 Sand Ridge Dr.

Valrico, Florida 33594

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Bernard Garcia

Address: 513 Sand Ridge Dr.

Valrico, Florida 33594

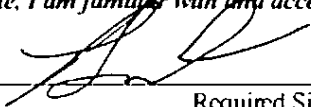
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

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\_\_\_\_\_  
Required Signature of Registered Agent

4/20/23  
\_\_\_\_\_  
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

4/20/23  
\_\_\_\_\_  
Date

FILED  
23 MAY 26 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA