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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION RECONSTRUCCION Y VIDA INC.

Certificate of Status	0
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Electronic Filing Menu

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Help

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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: RECONSTRUCCION Y VIDA INC.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address:	Mailing address, if different is:
<u>11455 SW40 STREET SUITE 117</u>	
<u>MIAMI, FL. 33165</u>	

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CHURCH

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>DIAMELA ROCIO CONTRERAS (D)</u>
Address	Name and Title:
<u>CARLOS ALBERTO CONTRERAS (P)</u>	<u>11455 SW 40 STREET SUITE 117</u>
<u>11455 SW 40 STREET SUITE 117</u>	<u>MIAMI, FL. 33165</u>
<u>MIAMI, FL. 33165</u>	
Name and Title:	Name and Title:
Address	Address:
<u>MARIA DEL CARMEN JUAN (D)</u>	<u>AUBERTO SALCEDO (D)</u>
<u>11455 SW 40 STREET SUITE 117</u>	<u>11455 SW 40 STREET SUITE 117</u>
<u>MIAMI, FL. 33165</u>	<u>MIAMI, FL. 33165</u>
Name and Title:	Name and Title:
Address	Address:
<u>FERNANDO EZEQUEL DUARTE (D)</u>	<u>PABLO JOEL ROJAS (D)</u>
<u>11455 SW 40 STREET SUITE 117</u>	<u>11455 SW 40 STREET SUITE 117</u>
<u>MIAMI, FL. 33165</u>	<u>MIAMI, FL. 33165</u>

2024 Mar 15 11:5:26

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: AUBERTO SALCEDO

Address: 11455 SW 40 STREET SUITE 117

MIAMI, FL. 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

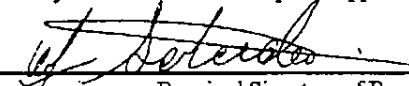
Name: AUBERTO SALCEDO

Address: 1455 SW 40 STREET SUITE 117

MIAMI, FL 33165

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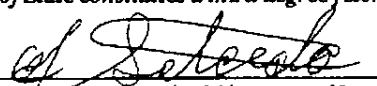
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

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

Date