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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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2024 MAR 15 PM 4:52

2024 MAR 15 i. 5:26

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 NAMEThe name of the corporation shall be: **RECONSTRUCCION Y VIDA INC.****ARTICLE II PRINCIPAL OFFICE**Principal street address:**11455 SW40 STREET SUITE 117****MIAMI, FL. 33165**

Mailing address, if different is:

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:

DIAMELA ROCIO CONTRERAS (D)

Address

CARLOS ALBERTO CONTRERAS (P)**11455 SW 40 STREET SUITE 117****MIAMI, FL. 33165**

Name and Title:

11455 SW 40 STREET SUITE 117**MIAMI, FL. 33165**

Name and Title:

MARIA DEL CARMEN JUAN (D)**11455 SW 40 STREET SUITE 117****MIAMI, FL. 33165**

Name and Title:

AUBERTO SALCEDO (D)**11455 SW 40 STREET SUITE 117****MIAMI, FL. 33165**

Name and Title:

FERNANDO EZEQUEL DUARTE (D)**11455 SW 40 STREET SUITE 117****MIAMI, FL. 33165**

Name and Title:

PABLO JOEL ROJAS (D)

Address:

11455 SW 40 STREET SUITE 117**MIAMI, FL. 33165**

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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: AUBERTO SALCEDOAddress: 11455 SW 40 STREET SUITE 117MIAMI, FL. 33165**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: AUBERTO SALCEDOAddress: 1455 SW 40 STREET SUITE 117MIAMI, FL 33165

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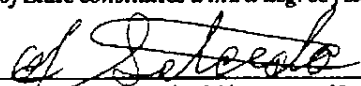
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



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