

11/05/96

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N96000005673

11/05/96

FLORIDA DIVISION OF CORPORATIONS  
PUBLIC ACCESS SYSTEM  
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((H96000015616 1))

TO: DIVISION OF CORPORATIONS  
FROM: FAS-T CORP. AGENTS, INC.  
CONTACT: LIDIA FERNANDEZ  
PHONE: (305) 599-0839

FAX #: (904) 922-4001  
ACCT#: 071001002335  
FAX #: (305) 716-0346

NAME: MINISTRY OF SPIRITUAL RECONCILIATION, INC.

AUDIT NUMBER.....H96000015616

DOC TYPE.....FLORIDA NON-PROFIT CORPORATION

CERT. OF STATUS..0

PAGES..... 3

CERT. COPIES.....1

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EST.CHARGE.. \$122.50

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

\*\* ENTER 'M' FOR MENU. \*\*

11/05/96

FLORIDA DIVISION OF CORPORATIONS

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11-5-96  
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NOV-08-96 01:37P LAW OFFICES MICHAEL MORA 305 2646436

P.02

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**ARTICLES OF INCORPORATION  
OF  
MINISTRY OF SPIRITUAL RECONCILIATION, INC.**

*We, the undersigned persons of legal age, residents of the State of Florida, do hereby associate ourselves together for the purpose of forming a nonprofit corporation under the Statutes of the State of Florida.*

**ARTICLE ONE  
NAME**

*The name of this corporation is: MINISTRY OF SPIRITUAL RECONCILIATION, INC.*

**ARTICLE TWO  
PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS**

*The principal place of business and the mailing address of this corporation shall be: 3132 W. 78th Place, Miami, Florida 33018.*

**ARTICLE THREE  
DURATION**

*This corporation shall have perpetual existence commencing on the date of execution and acknowledgment of these articles.*

**ARTICLE FOUR  
PURPOSE**

*The business and purpose of this corporation shall be to organize, meet, promote and demonstrate the existence of God introduce a satisfactory idea for all minds within the community and the State of Florida and to engage in any lawful act or activity for which corporations may be organized under the laws of United States and the State of Florida.*

**ARTICLE FIVE  
NON STOCK CORPORATION**

*The corporation shall be nonstock, and no dividends or pecuniary profits shall be declared or paid to the members thereof.*

**ARTICLE SIX  
BOARD OF DIRECTORS**

*The number of directors constituting the initial board of directors of the*

Prepared by: Michael J. Mora

701 N.W. 57th Ave., Ste. 200

Miami, FL 33126

FBN: 272264

(305) 263-9823

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NOV-05-96 08:30P L. W. OFFICES MICHAEL MORA JOB 2648436

P.02

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corporation is one, and the name and address of the person who is to serve as initial director of this corporation is as follows:

**NAMES:**

**ADDRESSES:**

JOSEFA E. CABIEDES	3132 West 78th Place, Miami, Florida 33018
GUILLERMO GIL	3132 West 78th Place, Miami, Florida 33018
HECTOR TRAVIESO	3132 West 78th Place, Miami, Florida 33018

**ARTICLE SEVEN  
CORPORATE OFFICERS**

The general officers of the Corporation shall perform such duties as shall be imposed or required by the board of directors and as may be prescribed by the by-laws of this corporation

The conditions and regulations of membership and the rights and other privileges of the classes of membership shall be determined and fixed by the by-laws of this corporation.

**ARTICLE EIGHT  
AMENDMENTS**

These articles may be amended in the manner provided by the Statutes of the State of Florida and the by-laws of this corporation.

**ARTICLE NINE  
INCORPORATOR**

Articles is: The name and address of the person forming this corporation and signing these

JOSEFA E. CABIEDES

**ARTICLE TEN  
INITIAL REGISTERED OFFICE  
AND AGENT**

The address of the initial registered office of this corporation is: 701 Northwest 57th Avenue, Suite 200, Miami, Florida 33126, and the name of the Initial Registered Agent of the corporation at that address is: Lourdes Nunez, Esquire.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 5th day of November, 1996.

  
Incorporator

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NOV-08-96 01:37P LAW OFFICES MICHAEL MORA 308 2646430

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### ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for the above-stated corporation, at the place designated in ARTICLE TEN of these Article of Incorporation, the undersigned hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete discharge of its duties.

Dated this 5th day of November, 1996.



Registered Agent

STATE OF FLORIDA )  
                                  ) SS  
COUNTY OF DADE )

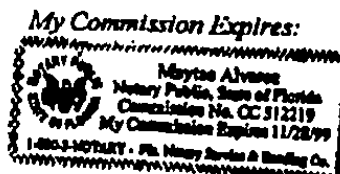
BEFORE ME, Notary Public, authorized in the State of Florida and County of Dade, personally appeared, JOSEFA E. CABIEDES, known to me and known by me to be the person who has incorporated and executed the foregoing Articles of Incorporation of MINISTRY OF SPIRITUAL RECONCILIATIONS, INC., and they acknowledged before me that they executed those Article of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 5th day of November, 1996.



Notary Public  
State of Florida, At Large

Print Name: MAYTEE ALVAREZ



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# N9600005673

Document's Name

Josefa Calvillo

3132W 78 PL

Hialeah FL 33018

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\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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KRC 1-16

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: JOSEFA-GABRIELLES Cabiedes  
ATTN: LOURDES EIN or SS#: \_\_\_\_\_

Address: 3132 W. 78 PLACE  
HTALEAH, FL 33018

Amount: 35.00 Date Paid \_\_\_\_\_

Reason for claim: WITHDRAWAL OF FILING ARTICLES OF DISSOLUTION FOR  
MINISTRY OF SPIRITUAL RECONCILIATION, INC., #N96000005673

DECIDED NOT TO FILE

Certified true and correct this 13 day of January, 1997.

XXX Signature Josefelle

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

K. GIBSON

<b>For Agency Use Only</b>	
Agency recommends approval of above claim and submits the following information to substantiate the claim.	
Amount of recommended refund \$	<u>35.00</u>
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on	
State Treasurer's Receipt No.	<u>01075-009</u> dated <u>12/30/96</u>
Name of Account	<u>45202130001453000000000010000</u>
Statutory Authority for Collection	<u>617-0122</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT	<u>452021300014530000000022002000</u>
Certified true and correct this	____ day of _____, 19____
Department of State, Division of Corporations	(Agency)
(Authorized Signature and Title)	_____



**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

January 9, 1997

**JOSEFA CABRIEDES**  
**ATTN: LOURDES**  
**3132 W. 78 PLACE**  
**HIALEAH, FL 33018**

**SUBJECT: MINISTRY OF SPIRITUAL RECONCILIATION, INC.**  
**Ref. Number: N96000005673**

We have received your document for MINISTRY OF SPIRITUAL RECONCILIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

Enclosed is an application for refund.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6880.

Karen Gibson  
Corporate Specialist

Letter Number: 997A00001103