

JUL/09/2014 WED 11:11 AM
7/9/2014

FAX No.
Division of Corporations

P14000058586

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000163801 3)))



H140001638013ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL -9 AM 9:57

APPROVED
AND
FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION
CASTELLANOS MINISTRIES, CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

14 JUL -9 PM 1:10

SEAL
TALLAHASSEE, FLORIDA

JUL/09/2014/WED 11:44 AM

FAX No.

APPROVED
AND
FILED P. 002

14 JUL -9 AM 9:57

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: CASTELLANOS MINISTRIES, CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

13729 NW 18TH STREET
PEMBROKE PINE, FL 33028

Mailing address, if different is:

13729 NW 18TH STREET
PEMBROKE PINE, FL 33028

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of transacting any or
all lawful business permitted under the laws of the United
States and of this State.

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Claudia Castellanos/President Director</u>	Name and Title:	<u>John Cuervo/ Vice-President</u>
Address	<u>3743 Churchill Downs Dr</u>	Address:	<u>596 Belle Grove Lane</u>
	<u>Davie Fl 33328</u>		<u>West Palm Beach Fl 33411</u>

Name and Title:	<u>Richard Harding/ Vice-President</u>	Name and Title:	_____
Address	<u>2925 Cascada Isle Way</u>	Address:	_____
	<u>Cooper City FL 33024</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

JUL/09/2014/WED 11:44 AM

FAX No.

APPROVAL
AND
FILED P. 003

14 JUL -9 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: John Cuervo
Address: 13729 NW18th Street
Pembroke Pine, FL 33028

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Cuervo
Address: 13729 NW 18th Street
Pembroke Pine, FL 33028

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/Registered Agent

7/8/14
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

7/8/14
Date