

P16000093212

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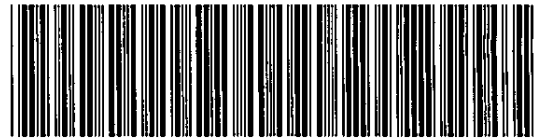
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 NOV 23 PM 2:15

W16 -065427

K 11/28/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2016

NORMA GONZALEZ
11415 N.W. 17 PL.
OCALA, FL 34482

SUBJECT: EDITORIAL EL MISIONERO INC.
Ref. Number: W16000065427

We have received your document for EDITORIAL EL MISIONERO INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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 (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 816A00020372

COVER LETTER

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

SUBJECT: EDITORIAL EL MISIONERO INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Norma Ivonne Gonzalez
Name (Printed or typed)

11415 NW 17 PL
Address

OCALA PL, 34482
City, State & Zip

917 553 8624
Daytime Telephone number

missionarieschaplains@yahoo.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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: EDITORIAL EL MISIONERO INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
11415 nw 17 pl ocala fl, 34482

Mailing address, if different is:
11415 nw 17 pl ocala fl, 34482

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Religious Community Education Training Distribution

ARTICLE IV SHARES

The number of shares of stock is: 1'000,000.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Norma Ivonne Gonzalez President

Name and Title: _____

Address 11415 nw 17 pl ocala fl, 34482

Address: _____

Name and Title: Jaziel Luna Secretary

Name and Title: _____

Address 3387 w silver springs Blvd #24A
Ocala FL, 34475

Address: _____

Name and Title: Saturnina Pineda Treasury

Name and Title: _____

Address 11415 nw 17 pl ocala fl, 34482

Address: _____

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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: Martin Macias

Address: 11415 nw 17 pl ocala fl, 34482

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Norma Ivonne Gonzalez

Address: 11415 nw 17 pl ocala fl, 34482

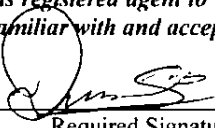
ARTICLE VIII EFFECTIVE DATE:

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 business days prior or 90 business 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/Registered Agent

11/16/16
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

11/18/16
Date

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DIVISION OF CORPORATIONS
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