

P200000000811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

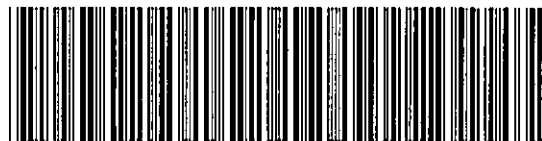
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19000101231

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SECRETARY OF STATE
TALLAHASSEE FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 22, 2019

RAY ANTHONY CUEVAS HERNANDEZ
PO BOX 649
INTERCESSION, CT 33848

SUBJECT: ABRAZADO POR DIOS INC
Ref. Number: W19000101231

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the electronic filing cover sheet.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

If you have any further questions concerning your document, please call (850) 245-6052.

Shondreka M Bellenger
Regulatory Specialist II
New Filing Section

Letter Number: 619A00023672

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME Abrazados Por Dios Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address: PO Box 649 _____ Intercession CT Florida 33848 _____ _____	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE To assist with housing , prayer and needs of abused and mistreated children an
The purpose for which the corporation is organized is: _____

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ray Anthony Cuevas Hernandez, Presiden _____ Address: PO Box 649 _____ Intercession CT, Florida 33848 _____ _____	Name and Title: Rosalie DiVencenzo, Vice President _____ Address: 3100 S Dixie Hwy _____ Apt B71 _____ Boca Raton, FL, 33432 _____
Name and Title: _____ _____ Address: _____ _____ _____	Name and Title: _____ _____ Address: _____ _____ _____
Name and Title: _____ _____ Address: _____ _____ _____	Name and Title: _____ _____ Address: _____ _____ _____

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: Ray Cuevas
Address: PO Box 649
Intercession CT, FL. 33848

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rosalie DiVencenzo
Address: 3100 S Dixie Hwy B71
Boca Raton, FL. 33432

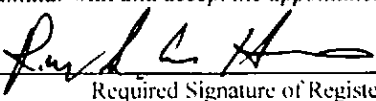
ARTICLE VIII EFFECTIVE DATE: October 22, 2019

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 days prior or 90 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

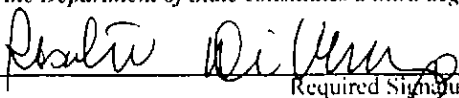


Required Signature of Registered Agent

10/22/19

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 s817.155, F.S.



Required Signature of Incorporator

10/22/19

Date

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: ABRAZADO POR DIOS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3100 S. Dixie Highway B71
Boca Raton Fl. 33432

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Assist with prayer and fundraising and needs of
abused and neglected children

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roy Anthony Cuevas Hernandez
President

Address

3100 S. Dixie Hwy B71
Boca Raton 33432
Fl.

Name and Title: Rosalee DiVencenzo, V.P.

Address:

3100 S. Dixie Hwy
B71
Boca Raton Fl. 33432

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

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: Ray Anthony Cuevas Hernandez
Address: 3100 S. Dixie Hwy B71
Booth Platon FL 33432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rosalie DiVencenzo
Address: 3100 S. Dixie Hwy B71
Booth Platon FL 33432

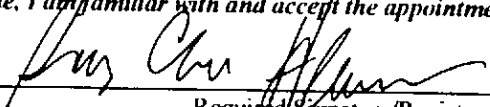
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the filing.)

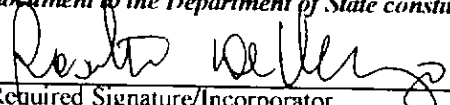
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

12/8/19
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

12/8/19
Date

COVER LETTER

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

SUBJECT: ABRAZADO POR DIOS 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 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

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

FROM: Ray Anthony Cuevas Hernandez
Name (Printed or typed)

PO BOX 649
Address

Intercussion Ct FL. 33848
City, State & Zip

407-655-9317
Daytime Telephone number

mana201066@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.