

N21000011902

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.

(((H21000375722 3)))



H210003757223ABC5

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 : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 104512000707
Phone : (305)803-2736
Fax Number : (305)646-1527

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
BAJO EL MISMO CIELO, CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: BAJO EL MISMO CIELO, CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address:
11540 NW 75 STREETMailing address, if different is:
11540 NW 75 STREETMEDLEY, FL. 33178MEDLEY, FL. 33178**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: TO PREACH THE CHRISTIAN GOSPEL. FUNDS SHALL BE RAISE THROUGH DONATIONS.**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: BY TWO THIRDSOf Directors at an Annual Meeting**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: FIRELEI SILVA Name and Title: DIRECTOR & PRESIDENTAddress: 11540 NW 75 STREET Address:
MEDLEY, FL. 33178Name and Title: ALBERTO SILVA Name and Title: DIRECTOR & VICE PRESIDENTAddress: 11540 NW 75 STREET Address:
MEDLEY, FL. 33178Name and Title: MELANIE SILVA Name and Title: DIRECTOR & SECRETARYAddress: 11540 NW 75 STREET Address: & TREASURERMEDLEY, FL. 33178FILED
2021 OCT -8 PM 4:01
TALLAHASSEE, FL

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: FIRELEI SILVA
Address: 11540 NW 75 STREET
MEDLEY, FL. 33178

ST. TAMM ASSOCIATES, LLC

2021 OCT -8 PM 4:01

FILED

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: FIRELEI SILVA
Address: 11540 NW 75 STREET
MEDLEY, FL. 33178

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 of Registered Agent

10/04/2021

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

10/04/2021

Date