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COVER LETTER

TO:	_	sistration Section vision of Corporations		
SHR	IFCT. '	City of God, Inc.		
3010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Corporation – must include suffix	_	
Dear S	Sir or M	Madam:		
Affair	s in Flo	d "Application by Foreign Not for Profit Corporation for Authorization to Condlorida", "Certificate of Existence", or "Certificate of Status" and check are submabove referenced not for profit corporation to conduct its affairs in Florida.		
Please	return	n all correspondence concerning this matter to the following:		
		Nathan Byrd		
		Name of Person		
		City of God, Inc.		
		Firm/Company		
			2021 1607 - 8	
		6212 Avignon Ct. Apt 107	ုံ ငံ	
	Address			
		Tampa, Florida 33647	:	
		City/State and Zip Code	Ċ	
		nate@cityofgodchurch.com		
		E-mail address: (to be used for future annual report notification)		
For fu	ırther in	information concerning this matter, please call:		
Natha	ın Byrd	d 205 381-1555 at ()		
		Name of Person Area Code Daytime Telephone Num	ber	
	Regis Divis P.O.	gistration Section Registration Section Division of Corporations Division of Corporations Division of Corporations Division of Corporations The Centre of Tallahassee 1ahassee, FL 32314 Tallahassee, FL 32303	10	
Please	make cl	Certificate of Status Certified Copy Certif	Filing Fee. leate of Status & led Copy	

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTIIORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

in the name at p	age as will clearly indicate that it is a corporation instead of a natural person or partnership if not so resent. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)		
City of God Flo	rida, Inc.		
(If name unav	ailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in	Florida	1)
Alabama	3 85-3165317		
(State or cou	ntry under the law of which it is incorporated) 3. 85-3165317 (FEI number, if applicable)		_
	ς		
<u> </u>	Date of Incorporation) 5. (Date of duration, if other than perpetua	l)	_
9/19/2021			
(Date first cond	ueted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine pen	alty lia	bil ity
6212 Avianon	Ct. Apt 107, Tampa, Florida 33647		
OF IT WIELDI			
	(Principal office street address)		_
	(Principal office street address)		
	(Principal office <u>street</u> address) , Tampa, Florida 33646		_
	(Principal office street address)	· E-	
PO Box 48154	(Principal office <u>street</u> address) , Tampa, Florida 33646 (Current mailing address, if different)	·	
PO Box 48154 To engage in c	(Principal office street address) Tampa, Florida 33646 (Current mailing address, if different) exclusively religious, charitable and educational activities within the meaning of Section 501(e)(3).	<u>.</u>	
PO Box 48154 To engage in c	(Principal office <u>street</u> address) , Tampa, Florida 33646 (Current mailing address, if different)	E	
PO Box 48154 To engage in comparison of (Purpose(s) of	(Principal office street address) Tampa, Florida 33646 (Current mailing address, if different) exclusively religious, charitable and educational activities within the meaning of Section 501(e)(3).		
PO Box 48154 To engage in c (Purpose(s) of Name and str	(Principal office street address) Tampa, Florida 33646 (Current mailing address, if different) Exclusively religious, charitable and educational activities within the meaning of Section 501(e)(3). Ecorporation authorized in home state or country to be carried out in the state of Florida) Ecet address of Florida registered agent: (P.O. Box NOT acceptable)	Er .	10 10 10 10 10 10 10 10 10 10 10 10 10 1
PO Box 48154 To engage in c (Purpose(s) of Name and str Name:	(Principal office street address) Tampa, Florida 33646 (Current mailing address, if different) Exclusively religious, charitable and educational activities within the meaning of Section 501(e)(3). Ecorporation authorized in home state or country to be carried out in the state of Florida) Ecet address of Florida registered agent: (P.O. Box NOT acceptable) Howard Chewning	-	
PO Box 48154 To engage in c (Purpose(s) of Name and str Name:	(Principal office street address) Tampa, Florida 33646 (Current mailing address, if different) Exclusively religious, charitable and educational activities within the meaning of Section 501(e)(3). Ecorporation authorized in home state or country to be carried out in the state of Florida) Ecet address of Florida registered agent: (P.O. Box NOT acceptable)	*	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR			Dama Handan				
□Chairman	Name:	Chairman Name: Barry Howton					
☐ Vice Chairman	Address: 6212 Avignon Ct. Apt 107	□Vice Chairman	□ Vice Chairman Address:				
Director	Tampa, Florida 33647		Birmingham, Alabama 35242				
12 President		□President					
ÚVice President		□Vice President					
□ Secretary	☐Treasurer	☐ Secretary	□Treasurer				
□Other:	Other:	□Other:	Other:				
□Chairman	Nathan Byrd	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	Trussville, Alabama 35173	Director					
□President		□President	<u> </u>				
□Vice President		□Vice President	2821 NO				
□Secretary	□Treasurer	☐ Secretary	□Treasurer, †				
Other:	Other:	Other:	-				
□Chairman	Julia Bevill Name:	□Chairman	다. 중 Name:				
□Vice Chairman	Address: 5533 Post Oak Blvd Apt 408	□Vice Chairman	Address:				
Director	Wesley Chapel, Florida 33544	Director					
□President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	□Secretary	□Treasurer				
Other:	Other:	Other:	Other:				
	ut Notice: Use an attachment to report more that viduals may be added to the index when filing						
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)							
(Typed or printed name and capacity of person signing application)							
		\ / /	~				

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that City of God, Inc. was formed in Jefferson County, Alabama on September 25, 2020. The Alabama Entity Identification number for this entity is 713-948. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20210930000030170

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

09/30/2021

Date

X. M. Menill

John H. Merrill

Secretary of State



October 18, 2021

NATHAN BYRD CITY OF GOD, INC. 6212 AVIGNON CT. APT 107 TAMPA, FL 33647

SUBJECT: CITY OF GOD, INC. Ref. Number: W21000138015

We have received your document for CITY OF GOD, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The name and title of the person signing the document must be noted beneath or opposite the signature.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

RECEIVED

Letter Number: 421A00025339