

TRANSMITTAL LETTER

No 2000003846

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

SUBJECT: THE Holy Trinity of ETHIOPIAN Orthodox Church
(Proposed corporate name - must include suffix) INC.

Enclosed is 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: FIRAHIWOT MUNDA

Name (Printed or typed)

200005574882-4

-05/20/02-01052-029

*****87.50 *****87.50

P.O. Box 57624

Address

JACKSONVILLE FL 32241

City, State & Zip

(904) 268-7574

Daytime Telephone number

RECEIVED

02 MAY 20 PM 12:54

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAY 20 PM 1:11

APPROVED
AND
FILED

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

✓
5/20

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

ARTICLE I, NAME

The name of the corporation shall be:

**The Holy Trinity of
Ethiopian Orthodox Tewahedo Church, Inc.**

ARTICLE II, PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**The Holy Trinity of
Ethiopian Orthodox Tewahedo Church, Inc.
8535-61 Baymeadows Road
Jacksonville, Florida 32256**

ARTICLE III, PURPOSE

The purpose for which the corporation is organized is:

**To form and establish an Ethiopian Orthodox Tewahedo Church, in Jacksonville,
Florida. This will be the first such organization in Jacksonville.**

ARTICLE IV, MANNER OF ELECTION

The manner in which the director are elected or appointed:

Will be set forth in the By-laws.

ARTICLE V, INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

**Anteneth M. Gelay,
President
7400 Powers Avenue, #269
Jacksonville, Florida
32217
904-733-8504**

**Getachew W. Desta,
Vice President/Secretary
7509 Fawn Lake
Jacksonville, Florida
32256
904-288-6199**

**Firahiwt B. Hunda
Treasurer
P. O. Box 57624
Jacksonville, Florida
32241
904-268-7574**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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ARTICLE VI, INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

**Firahiwot B. Hunda
Registered Agent
P. O. Box 57624
Jacksonville, Florida 32241**

3960 Old Sunbeam Rd.
#704
Jacksonville, FL 32257

ARTICLE VII, INCORPORATOR

The name and address of the Incorporator is:

**Firahiwot B. Hunda
Incorporator
P. O. BOX 57624
Jacksonville, Florida 32241**

3960 OLD SUNBEAM RD #704
JACKSONVILLE
FL 32257

.....
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.



Signature/Registered Agent

Date

05/20/2002



Signature/Incorporator

Date

05/20/2002

12 MAY 20 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED