N04000011952

(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:

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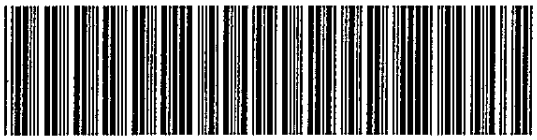

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FILED
2004 DEC 23 P 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: BETH TRINITY, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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	☐ $78.75 Filing Fee & Certified Copy	☑ $87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Bethsaida Delva
Name (Printed or typed)

P.O. Box 681714
Address

Miami, FL 33168
City, State & Zip

(305) 467-9661
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Beth Trinity, INC

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 681714
Miami Fl 33168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To aid in the society through funding and Community services with the aid of sponsors. and - or individuals.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The manner in which the directors are elected or appointed is through periodical meetings.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Bethsaida Delva (director)
P.O. Box 681714
miami Fl 33168

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Bethsaida Delva
285 NE 111st
miami Fl 33161

ARTICLE VII INCORPORATOR

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

Bethsaida Delva
P.O. Box 681714
Miami Fl 33168

****

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.

Bethsaida Delva — 12/21/04
Signature/Registered Agent — Date

Bethsaida Delva — 12/21/04
Signature/Incorporator — Date