N13000008/46

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



COVER DEFFE

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

SUBJECT: Church of God of The Palm Beaches 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

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Pierre Valcena

Name (Printed or typed)

5470 Colbright Road

Address

Lake Worth, Florida, 33467

City, State & Zip

561-294-5797

Daytime Telephone number

churchofgodpb@yahoo.com

E-mail address: (to be used for future annual report notification)

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

ARTICLE	I NAME		SECRETARY OF	
The name of	the corporation shall be: Church of God	of the Palm		STATE RATIONS
ARTICLE	II PRINCIPAL OFFICE		2013 SEP -9 PM	2: 34
	Principal street address:		Mailing address, if different is:	- 04
54	70 Colbright Road			
La	ke Worth, Florida, 33467			
ARTICLE	III PURPOSE		annead the general of Joseph Chris	et and to
The purpose	for which the corporation is organized is:	o preach and	spread the gospei of Jesus Chri	st, and to
help othe	rs in need.			
			- Annual Control of the Control of t	
			Application of the state of the	
		10.00		-
ARTICLE	IV MANNER OF ELECTION The	manner in which	the directors are elected and appointed: Director	ectors are
appointed	d by the pastor.			
				_
ARTICLE	V INITIAL OFFICERS AND/OR	DIRECTORS		
Name and T	itle:Pastor Pierre Valcena	Name and Ti	le:Secretary Csedar Valcena	
Address	5470 Colbright Road	Address:	5470 Colbright Road	_
	Lake Worth, Florida, 33467		Lake Worth, Florida, 33467	•
	Lake Worth, Florida, 30407		Lake Worth, Florida, 00107	-
Name and T	ritle: Director Laurette Valcena	—— Name and Ti	ile:	_
Address	5470 Oallanialet Baard	Address:		
Aumess	Lake Worth, Florida, 33467	Address.		-
				-
Name and T	itle:	 Name and Ti	tle:	-
Address		Address:		-
				-

•

Name and Title:		Name and Title:	SECONTACTOR OF
Address _		Address:	SECRETARY OF STATE DIVISION OF CORPORATION
_			2013 SEP - 9 PM 2: 34
Name and Title:		Name and Title:	
Address		Address:	
_			
-			
ARTICLE VI	REGISTERED AGENT		
The name and Fl	orida street address (P.O. Box NOT acco	eptable) of the registered a	gent is:
Name:	Pierre Valcena		
Address:	5470 Colbright Road		
	Lake Worth, Florida, 33467		
ARTICLE VII	INCORPORATOR		
The name and ac	Idress of the Incorporator is:		
Name:	Pierre Valcena		
Address:	5470 Colbright Road		
	Lake Worth, Florida, 33467		
Having been nat certificate, I am j	ned as registered agent to accept service familiar with and accept the appointment	e of process for the above as registered agent and a	e stated corporation at the place designated in this gree to act in this capacity
1/1	A Vela Paguired Signature of Registers		09/03/2013
/_/	Required Signature of Registere	d Agent	Date
			that any false information submitted in a documen
to the Departmen	nt of State constitutes a third degree felony	y as proviaea jor in s.81%.	133, F.S.
16	1. Vali		08/03/20/3
	Required Signature of Inco	orporator	Dat€