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(Business Entity Name)

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FEB 18 2015

COVER LETTER

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

SUBJECT: Experience Church International, 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: Samuel Mukasa
Name (Printed or typed)

620 NW 189 Terrace
Address

Miami Gardens, FL 33169
City, State & Zip

305-301-9215
Daytime Telephone number

experiencechurchmiami@gmail.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: Experience Church International, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

620 NW 189 Terrace

Miami, FL. 33169

Mailing address, if different is:

620 NW 189 Terrace

Miami, FL. 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Organization exclusively for charitable not for profit and religious purposes according to the 501(C)(3) internal revenue code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

As provided for in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President, Samuel Mukasa

Address: 620 NW 189 Terrace

Miami Gardens, FL 33169

Name and Title: _____

Address: _____

Name and Title: VP, Ebonie M. Mukasa

Address: 620 NW 189 Terrace

Miami Gardens, FL 33169

Name and Title: _____

Address: _____

Name and Title: Jonathan Carey

Address: 620 NW 189 Terrace

Miami Gardens, FL 33169

Name and Title: _____

Address: _____

15 FEB 18 AM 10:30

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FEB 15 2018
AM 10:30

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Samuel Mukasa

Address: 620 NW 189 Terrace

Miami Gardens, FL 33169

ARTICLE VII INCORPORATOR

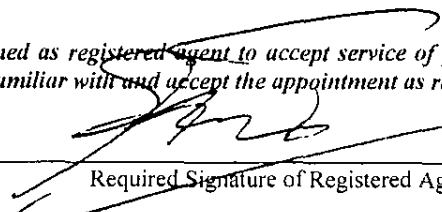
The name and address of the Incorporator is:

Name: Ebonie M. Mukasa

Address: 620 NW 189 Terrace

Miami Gardens, FL 33169

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

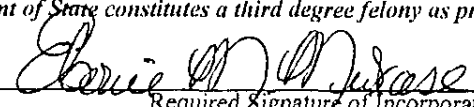


Required Signature of Registered Agent

2/12/2015

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

2/12/2015

Date