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17 MAR 24 PM 4:46
TALLAHASSEE, FLORIDA

D. O'KEEFE

MAR 29 2017

COVER LETTER

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

SUBJECT: Bridge Vision, 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: Marlene Dordoye

Name (Printed or typed)

344 West Mowry Dr

Address

Homestead, FL 33030

City, State & Zip

(305) 432-6623

Daytime Telephone number

mdordoye10@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: Bridge Vision, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
344 West Mowry Dr

Mailing address, if different is:

Homestead, FL 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our purpose is to propagate the gospel of Jesus Christ to the community of Miami Dade and its surroundings and to reach as many people as possible; to provide the highest Biblical Christian education to the youth population through Bible Study, Fellowship, Social Programs and activities.

The Corporation is organized exclusively for charitable, religious, educational and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as an exempt organization under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

As set forth in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Reginald Joseph - President

Name and Title: Jean Sony Lambert- Treasurer

Address: 2480 S.E. 5TH Court
Homestead, FL 33035

Address: 17331 S.W. 137TH Court
Miami, FL 33177

Name and Title: Barbara Orcel - Secretary

Name and Title: _____

Address: 14441 S.W. 294TH Street
Homestead, FL 33033

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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17 MAR 21 PM 4:46

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: Marlene Dordoye

Address: 344 West Mowry Dr

Homestead, FL 33033

ARTICLE VII INCORPORATOR

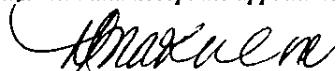
The **name and address** of the Incorporator is:

Name: Marlene Dordoye

Address: 344 West Mowry Dr

Homestead, FL 33033

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

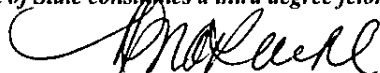


Required Signature of Registered Agent

3-10-2017

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

3-10-2017

Date

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