

N17000008670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

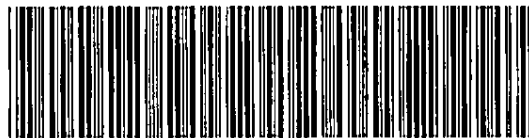
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N. SAMS

COVER LETTER

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

SUBJECT: Beth Torah Education Center, 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: Gloria Arboleda-Chin
Name (Printed or typed)

10 N First Court
Address

Winter Springs, FL 32708
City, State & Zip

407-947-8060
Daytime Telephone number

bethtoraheducationcenter@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: Beth Torah Education Center, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

10 N First Court

Winter Springs, FL 32708

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our mission is to impact the nations and local community through educational programs, counseling, and needed resources.

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: Gloria Arboleda-Chin- President

Address: 10 N First Court
Winter Springs, FL 32708

Name and Title: Martha Rosado- Treasurer

Address: 10 N First Court
Winter Springs, FL 32708

Name and Title: Esmeralda Bohorquez- Secretary

Address: 10 N First Court
Winter Springs, FL 32708

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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J.D.

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: Gloria Arboleda-Chin

Address: 10 N First Court
Winter Springs, FL 32708

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CLERK OF COURT
FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Gloria Arboleda-Chin

Address: 10 N First Court
Winter Springs, FL 32708

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

Gloria A Chin
Required Signature of Registered Agent

08/15/2017
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.

Gloria A Chin
Required Signature of Incorporator

08/15/2017
Date