N17000009981

	(Requestor's Name)			
(Address)				
(Address)				
	(City/State/Zip/Phone #)			
PICK-U	P WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



000304143790

10/05/17=+01011=+004 *+70.00

917 001 -S - WH 94

COVER LETTER

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

SUBJECT: North America Rosling da Tyferna from Cheese h'
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) - Sell mers hep

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: Frank Valete
Name (Brinted or typed)

2210 Mier Lrong Address'

SD-SUS-D7 92 Daytime Telephone number

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)

The name of the corporation shall be: North America Bethe Sida International
The name of the corporation shall be: North America Bethe Sida International ARTICLE II PRINCIPAL OFFICE Chilisch Fellowsleep INC
Principal street address: Mailing address, if different is: 2212 Millberry Blud 2212 Millberry Blud
Tallahassee, Fl 32303 Tallahassee, Fl 32303
The purpose for which the corporation is organized is: To proach the George), Leader the fellowesker
under the fellowskies
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: ARTICLE IV INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Gustefa Yorme Hor Name and Title:
Address 5860 Gulfton of Algo Address:
HOVESTON TX 17728
Name and Title: Ftefwork Yadele Name and Title:
Address 2012 MIChDITT FIRMADES:
Tallafires Dic, FL 32303
Sectation
Name and Title: Abone Sh Got Chry, Same and Title:
Address 2307 Trinible Pol Address:
Tallahaste, Fl. 323123
Treasurer.

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: Etefringer	- yalete	
Address: 2217 MILP be	ETT BING	
Were pay man		
The <u>name and address</u> of the Incorporator is	s:	
Name: Fletwood	The ladele	
Address: 221D 8/101	Serry Fleed CON FL 32303	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filin	g: (OPTIO	NAL)
(If an effective date is listed, the date mus	st be specific and cannot be more than five d	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing require nt of State's records.	ements, this date will not be listed as the
Having been named as registered agent to certificate, I am familiar with and accept the	o accept service of process for the above stated as registered agent and agree to	I corporation at the place designated in this act in this capacity
Required Signature	doff ure of Registered Agent	12/5/2017 Date
	facts stated herein are true. I am aware that ar rd degree felony as provided for in s.817.155, F	
The Required S	ignature of Incorporator	1D/5/201>
′ /		