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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

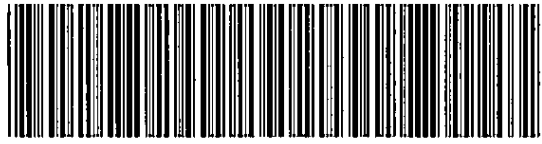
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 OCT -8 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT. 22 2019

T. SCOTT

COVER LETTER

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

SUBJECT: SISTERS AND BROTHERS TERESA OF CHRIST FOUNDATION, 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: CHRISTINE WEEKS TRUONG

Name (Printed or typed)

3664 ALDER DR., APT. A2

Address

WEST PALM BEACH FL, 33417

City, State & Zip

316-883-5747

Daytime Telephone number

mayofbooks@yahoo.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: SISTERS AND BROTHERS TERESA OF CHRIST FOUNDATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6939 ALISO AVE.
WEST PALM BEACH FL. 33413

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of the organization is to preach the Gospel of Christ, provide church services, to build church, homes, school, college and hospital to provide and assist the works and missions of the Sisters and Brothers of Christ and the undeserved children and families.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRISTINE WEEKS TRUONG
Address: DIRECTOR/MANAGER
3664 ALDER DR., APT. A2
WEST PALM BEACH FL. 33417

Name and Title: MAY LE
Address: DIRECTOR
3664 ALDER DR., APT. A2
WEST PALM BEACH FL. 33417

Name and Title: TUAN NGUYEN
Address: TREASURER
6931 ALISO AVE.
WEST PALM BEACH FL, 33413

Name and Title: _____
Address: _____

Name and Title: TU QUYEN
Address: SECRETARY
6939 ALISO AVE.
WEST PALM BEACH FL. 33413

Name and Title: _____
Address: _____

FILED
FALL ASSISTANT CLERK
OF COURTS

2019 OCT -8 PM 12: 14

FILED

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: TUAN NGUYEN
Address: 6939 ALISO AVE.
WEST PALM BEACH, FL 33413

ARTICLE VII INCORPORATOR

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

Name: CHRISTINE WEEKS TRUONG
Address: 3664 ALDER DR., APT. A2
WEST PALM BEACH FL, 33417

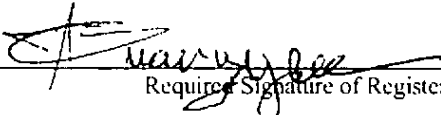
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

8/21/2019
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

8/21/2019
Date