

N 20000004074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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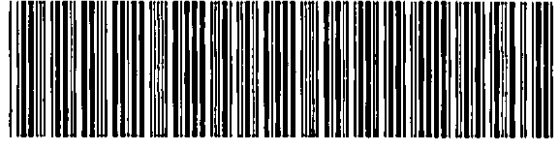
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: NATIONS FOR ZION, 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: SARAH RODRIGUEZ
Name (Printed or typed)

204 Kent L
Address

West Palm Beach, FL 33417
City, State & Zip

561-827-4521
Daytime Telephone number

WORSHIPIM1@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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CLERK OF STATE
TALLAHASSEE, FL

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

ARTICLE I. NAME

The name of the corporation shall be: NATIONS FOR ZION, INC

ARTICLE II. PRINCIPAL OFFICE

Principal street address:

204 Kent L

Mailing address, if different is:

West Palm Beach, FL 33417

ARTICLE III. PURPOSE

The purpose for which the corporation is organized is: This will be a charitable
organization to help Jewish people and also
for Christians to visit Israel.

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

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>SARAH RODRIGUEZ, President</u>	Name and Title:	<u>DOMA VALIS, Secretary</u>
Address	<u>204 Kent L</u>	Address:	<u>478 Clearmeadow Drive</u>
	<u>West Palm Beach, Florida</u>		<u>East Meadow, NY 11554</u>
	<u>33417</u>		
Name and Title:	<u>John McNamara, Treasurer</u>	Name and Title:	<u>Obelise Mc Namara, Vice Preside</u>
Address	<u>416 E Freesia Ct.</u>	Address:	<u>416 E Freesia Ct.</u>
	<u>DeLand, FL 32724</u>		<u>DeLand, FL 32724</u>

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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OFFICE OF THE
CLERK OF THE
STATE
TALLAHASSEE, FL

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: SARAH RODRIGUEZ

Address: 204 Kent L
West Palm Beach FL 33417

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SARAH RODRIGUEZ

Address: 204 Kent L
West Palm Beach, FL 33417

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DEPT. OF STATE
TALLAHASSEE, FL

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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

Sarah Rodriguez
Required Signature of Registered Agent

4/7/2020
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.

Sarah Rodriguez
Required Signature of Incorporator

4/7/2020
Date