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COVER LETTER

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

SUBJECT: TABERNACL	E L'UNITE DE TSEDHEQ	ORLANDO, INC.	
	(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
□ \$70.00	□ \$78.75	ticles of Incorporation and	a check for:
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM: _	ENOL DELCIS	nic (Printed or typed)	-

City, State & Zip

321-438-2829

Daytime Telephone number

delciskenol@gmail.com

E-mail address: (to be used for future annual report notification)

42,INCONNU DR

KISSIMMEE, FL. 34759

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

Address

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

<u>ARTICLE</u>	II PRINCIPAL OFFICE			
Principal <u>street</u> address: 1102, 26th. STREET, ORLANDO FL. 32805		P.C	Mailing address, if different is: P.O.BOX 680144, ORLANDO FL.32868	
	III PURPOSE			
	e for which the corporation is organized is:		AT TO PREACH THE ORACLES OF GOD , TO LI PE TO BECOME CHRITIAN , AND HELP PEOPL	
WISH IS N				
				
				
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			WITH SPIRIT OF	
IRTICLE I			rectors are elected and appointed: WITH SPIRIT OF	
0 3	W MANNER OF ELECTION The manne		rectors are elected and appointed: WITH SPIRIT OF	
the ?	extor chansel and e	rected t		
the ?	INITIAL OFFICERS AND/OR DIRECTO	dected to	the birectors.	
the ?	INITIAL OFFICERS AND/OR DIRECTO	dected to		
RTICLE	INITIAL OFFICERS AND/OR DIRECTO	ORS Name and Title	innocent philippe(deacan)	
RTICLE	INITIAL OFFICERS AND/OR DIRECTO	dected to	innocent philippe(deacan) 3248, Kathie Joe dr.	
RTICLE	INITIAL OFFICERS AND/OR DIRECTOR itle: KENOL DELCIS (SENOR PASTOR) 42, INCONNU DR, KISSIMMEE	ORS Name and Title	innocent philippe(deacan) 3248, Kathie Joe dr. ORLANDO FL. 32808	
RTICLE	INITIAL OFFICERS AND/OR DIRECTORNICE: KENOL DELCIS (SENOR PASTOR) 42, INCONNU DR, KISSIMMEE FL. 34759	ORS Name and Title	INNOCENT PHILIPPE(DEACAN) 3248, KATHIE JOE DR. ORLANDO FL. 32808	
RTICLE I	INITIAL OFFICERS AND/OR DIRECTOR Title: KENOL DELCIS (SENOR PASTOR) 42, INCONNU DR, KISSIMMEE FL. 34759 TRACHELLE L. SANON (TREASURER)	ORS Name and Title	INNOCENT PHILIPPE(DEACAN) 3248, KATHIE JOE DR. ORLANDO FL. 32808 PIERRE JULES (CONSELOR)	
RTICLE I	INITIAL OFFICERS AND/OR DIRECTO itle: KENOL DELCIS (SENOR PASTOR) 42, INCONNU DR, KISSIMMEE FL. 34759 RACHELLE L. SANON (TREASURER)	ORS Name and Titl Address:	INNOCENT PHILIPPE(DEACAN) 3248, KATHIE JOE DR. ORLANDO FL. 32808 PIERRE JULES (CONSELOR) 135, IBISCUS DR.	
RTICLE I	INITIAL OFFICERS AND/OR DIRECTOR Title: KENOL DELCIS (SENOR PASTOR) 42, INCONNU DR, KISSIMMEE FL. 34759 TRACHELLE L. SANON (TREASURER)	ORS Name and Titl Address: Name and Titl	INNOCENT PHILIPPE(DEACAN) 3248, KATHIE JOE DR. ORLANDO FL. 32808 PIERRE JULES (CONSELOR) EL PIERRE JULES (CONSELOR) CONSELOR DR. ORLANDO FL. 32808	
RTICLE I	INITIAL OFFICERS AND/OR DIRECTOR Sitle: KENOL DELCIS (SENOR PASTOR) 42, INCONNU DR, KISSIMMEE FL. 34759 RACHELLE L. SANON (TREASURER) 1941, INDIALANTIC DR. ORLANDO FL. 32808	ORS Name and Titl Address: Name and Titl Address:	INNOCENT PHILIPPE(DEACAN) 3248, KATHIE JOE DR. ORLANDO FL. 32808 PIERRE JULES (CONSELOR) 135, IBISCUS DR. ORLANDO FL. 32808 POPENISON P. DOPUSMOND (A DAY)	
RTICLE I	INITIAL OFFICERS AND/OR DIRECTOR Title: KENOL DELCIS (SENOR PASTOR) 42, INCONNU DR, KISSIMMEE FL. 34759 THE RACHELLE L. SANON (TREASURER) 1941, INDIALANTIC DR. ORLANDO FL. 32808 THE DARLINE JULES (SECRETARY)	ORS Name and Titl Address: Name and Titl	e: INNOCENT PHILIPPE(DEACAN) 3248, KATHIE JOE DR. ORLANDO FL. 32808 PIERRE JULES (CONSELOR) 135, IBISCUS DR. ORLANDO FL. 32808 C: ROBENSON P. DORISMOND (ADM)	
Name and T Address Name and T	INITIAL OFFICERS AND/OR DIRECTOR Sitle: KENOL DELCIS (SENOR PASTOR) 42, INCONNU DR, KISSIMMEE FL. 34759 RACHELLE L. SANON (TREASURER) 1941, INDIALANTIC DR. ORLANDO FL. 32808	ORS Name and Titl Address: Name and Titl Address:	INNOCENT PHILIPPE(DEACAN) 3248, KATHIE JOE DR. ORLANDO FL. 32808 PIERRE JULES (CONSELOR) 135, IBISCUS DR. ORLANDO FL. 32808 POPENISON P. DOPUSMOND (A DAY)	

Name and Title:		Name and Title:	<u> </u>
Address		Address:	
_			
Name and Title:		Name and Title:	
Address		Address:	
			
APTICLE VI	REGISTERED AGENT		
The name and F	Horida street address (P.O. Box NOT	acceptable) of the registered agent	is:
Name:	Kenol Delci	5	
Address:	42, Inconno	<i>₹</i>	
	Kiscommee P	L 34759	
	INCORPORATOR ddress of the Incorporator is:		
Name:	Kenal Delcis		
Address:	42, In Connu	dr	
	Kissimmee F	1 34759	
Effective date, if	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be speci	(OPT) (OPT) (OPT)	IONAL) days prior or 90 days after the filing.)
	e inserted in this block does not meet ctive date on the Department of State		irements, this date will not be listed as the
	med as registered agent to accept se- familiar with and accept the appointm		ted corporation at the place designated in this o act in this capacity
	Required Schilling of Regis	stered Agent	08/24/2020
	ument and affirm that the facts stated of State constitutes a third degree feloi		ny false information submitted in a document to E
	15 Print 1848		07/28/2020
	!sequired Signature of	Incorporator	Dale