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COVER LETTER

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

SUBJECT: House of Cornelius International, 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: Judeen Parkes

Name (Printed or typed)

8034 Equitation Court

Address

Orlando Florida 32818

City, State & Zip

407-437-8776

Daytime Telephone number

Rosejp789@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: House of Cornelius International, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
7022 Balboa Dr. Apt. E Orlando Florida 32818

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HOUSE OF CORNELIUS INTERNATIONAL, INC. IS ORGANIZED
EXCLUSIVELY FOR CHARITABLE, RELIGIOUS AND EDUCATIONAL PURPOSES, INCLUDING FOR SUCH PURPOSES,
THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS AS EXEMPT ORGANIZATIONS UNDER SECTION 501 (C) (3)
OF THE INTERNAL REVENUE SERVICE CODE.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elfenesh Tafesse, President

Name and Title: _____

Address 7022 Balboa Drive

Address: _____

Apt. E

Orlando, Florida 32818

Name and Title: Doris Beccera, Treasurer

Name and Title: _____

Address 7018 Balboa Drive

Address: _____

Apt. D

Orlando, Florida 32818

Name and Title: WaldeTsadik Sorengno, Secretary

Name and Title: _____

Address 825 Pickfair Terrace

Address: _____

Lake Mary, Florida 32746

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FILED
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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: Judeen Parkes
Address: 8034 Equitation Ct.
Orlando, Florida 32818

20 DEC 23 PM 4:41
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Judeen Parkes
Address: 8034 Equitation Ct.
Orlando, FLorida 32818

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 business days prior or 90 business 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

J. Parkes
Required Signature of Registered Agent

12/17/2020

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.

J. Parkes
Required Signature of Incorporator

12/17/2020

Date