

N21000000894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

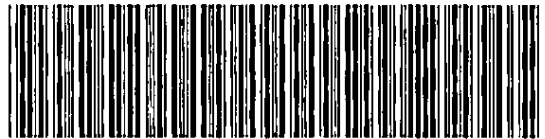
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2021 JAN 26 PM 12:52

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

SUBJECT: Come Follow Me Discipleship, 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: Adriana Martinez

Name (Printed or typed)

20948 SW 103 PL

Address

Cutler Bay, Florida 33189

City, State & Zip

305-710-0861

Daytime Telephone number

adrianamartinez0822@gmail.com

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

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

ARTICLE I NAME

The name of the corporation shall be: Come Follow Me Discipleship, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
20948 SW 103 Place Cutler Bay, Florida 33189

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide coaching and consultation services to
ministry leaders and local churches and otherwise to engage in all activities in which corporations may lawfully engage in the State of
Florida.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: ^{d.} As provided in the By Laws of
the corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adriana Martinez, Director and President

Address: 20948 SW 103 Pl.
Cutler Bay, FL 33189

Name and Title: Sally Deroo, Director

Address: 3300 SW 25th ST
Miami, FL 33133

Name and Title: Anitra Carbo, Director

Address: 10420 SW 62 ST
Miami, FL 33173

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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F11 511

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: Adriana Martinez
Address: 20948 SW 103 PL
Cutler Bay, FL 33189

ARTICLE VII INCORPORATOR

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

Name: Adriana Martinez
Address: 20948 SW 103 PL
Cutler Bay, FL 33189

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

Required Signature of Registered Agent

12/31/2020
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.

Required Signature of Incorporator

12/31/2020
Date