

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : TAXPEOPLE LLC
Account Number : I20200000160
Phone : (772)460-1000
Fax Number : (772)777-3071

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
COMUNIDADE DAS NACOES DE ORLANDO, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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

SUBJECT: COMUNIDADE DAS NACOES DE ORLANDO, 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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 FEB -4 AM 9:13

FILED

FROM: CLAUDIO TOLEDO RIBEIRO
Name (Printed or typed)

2855 SW BRIGHTON ST

Address

PORT ST LUCIE, FL 34953

City, State & Zip

772.460.1000

Daytime Telephone number

INFO@TAXPEOPLEFL.COM

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

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

(((H22000046011 3)))

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: COMUNIDADE DAS NACOES DE ORLANDO, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address:

Mailing address, if different is:

5445 NW BRISCOE DRPORT ST LUCIE, FL 34986**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: NON-PROFIT ORGANIZATION TO CAPACITATE LAY SERVANTS
TO SERVE IN THEIR CHURCHES**ARTICLE IV MANNER OF ELECTION**The manner in which the directors are elected and appointed:
FOR IN THE BYLAWS

AS PROVIDED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: ANDRE LUIZ DOS SANTOS

Name and Title: _____

Address: 5445 NW BRISCOE DR

Address: _____

PORT ST LUCIE, FL 34986PRESIDENTName and Title: MARCELY BRINGEL DOS SANTOS

Name and Title: _____

Address: 5445 NW BRISCOE DR

Address: _____

PORT ST LUCIE, FL 34986VICE-PRESIDENTName and Title: LUIZ FELIPE BRINGEL DOS SANTOS

Name and Title: _____

Address: 5445 NW BRISCOE DR

Address: _____

PORT ST LUCIE, FL 34986SECRETARYFILED
2022 FEB - 4 AM 9:13
CLERK OF STATE
TALLAHASSEE, FLORIDA

(((H22000046011 3)))

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: TAXPEOPLE _____

Address: 2855 SW BRIGHTON ST _____

PORT ST LUCIE, FL 34953 _____

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: CLAUDIO TOLEDO RIBEIRO _____

Address: 2855 SW BRIGHTON ST _____

PORT ST LUCIE, FL 34953 _____

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

02/02/2022

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

02/02/2022

DateCLERK OF STATE
TALLAHASSEE, FLORIDA

2022 FEB -4 AM 9:13

FILED