

N/220000010586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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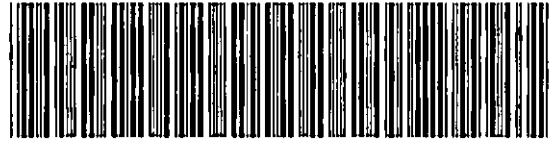
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Abide Church Incorporated  
(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: NCLL/Attn.: Carey Ugas  
Name (Printed or typed)

13790 Roosevelt Blvd., Suite A  
Address

Clearwater, FL 33762  
City, State & Zip

727-605-0129  
Daytime Telephone number

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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TALLAHASSEE, FL 32314

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

**ARTICLE I NAME**

The name of the corporation shall be: Abide Church Incorporated

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
913 Dew Bloom Road

Brandon, FL 33511

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

The organization is organized exclusively for charitable, religious, educational, and scientific purposes,  
including for such purposes, the making of distributions to organizations that qualify as exempt  
organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of  
any future federal tax code.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_

The Board of Directors shall be appointed in a manner as provided for in the bylaws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Giovanni A. Munoz, P/D

Address: 11409 Brahman Rd  
Lithia, FL 33547

Name and Title: Sharri A. Nava, T

Address: 710 Tradewinds Dr  
Brandon, FL 33511

Name and Title: Robert Hutcheson, Jr., D

Address: 4438 Hardenoak Trail  
Lakeland, FL 33813

Name and Title: Destiny L. Munoz, VP

Address: 11409 Brahman Rd  
Lithia, FL 33547

Name and Title: Robert Hill, D

Address: 801 Sand Ridge Drive  
Valrico, FL 33594

Name and Title: Tyler S. Burns, D

Address: 6420 Lithia Pinecrest Rd  
Lithia, FL 33547

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

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Name and Title: Leonard Harper, D Name and Title: \_\_\_\_\_

Address: 2804 Little Rd Address: \_\_\_\_\_

Valrico, FL 33596 \_\_\_\_\_

Name and Title: John Valentine, D Name and Title: \_\_\_\_\_

Address: 3306 Hurley Rd Address: \_\_\_\_\_

Valrico, FL 33596 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Giovanni A. Munoz

Address: 313 Thompson Road

Lithia, FL 33547

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Giovanni A. Munoz

Address: 313 Thompson Road

Lithia, FL 33547

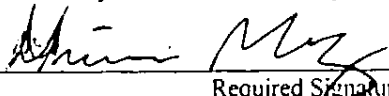
**ARTICLE VIII EFFECTIVE DATE:**

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*

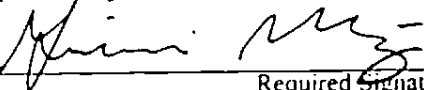


Required Signature of Registered Agent

8/15/22

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

8/15/22

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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