

N230005502
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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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.****

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RECEIVED

FLORIDA PROFIT/NON PROFIT CORPORATION
IGREJA PRESBITERIANA EMANUEL PORT ST LUCIE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H23000166517 3)))

COVER LETTER

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

SUBJECT: IGREJA PRESBITERIANA EMANUEL PORT ST LUCIE, 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: 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.

(((H23000166517 3)))

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: IGREJA PRESBITERIANA EMANUEL PORT ST LUCIE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

6666 US-1

PORT ST LUCIE, FL 34952

Mailing address, if different is:

6666 US-1

PORT ST LUCIE, FL 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RELIGIOUS CHURCH

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: AS PROVIDED
FOR IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WILLAMYS MENDONCA LOPES

Address: 6666 US-1

PORT ST LUCIE, FL 34952

PRESIDENT

Name and Title: _____

Address: _____

Name and Title: MICHAEL PERONE DA SILVA

Address: 6666 US-1

PORT ST LUCIE, FL 34952

TREASURER

Name and Title: _____

Address: _____

Name and Title: MARCO ANTONIO PEREIRA

Address: 6666 US-1

PORT ST LUCIE, FL 34952

SECRETARY

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____ (((H23000166517 3)))

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, LLC

Address: 2855 SW BRIGHTON ST

PORT ST LUCIE, FL 34953

ARTICLE VII INCORPORATOR

The **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

05/03/2023

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

05/03/2023

Date