

N23000009477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

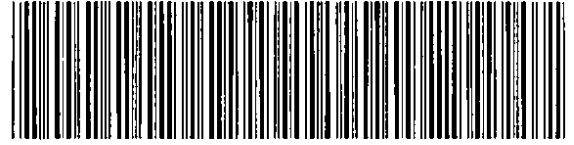
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06/20/23--01038--003 **70.00

2023 Jun 20 Fri 10:35
FALL ... EST ... 10:00

COVER LETTER

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

Port Saint Lucie Assembly of God Bethlehem Ministry Inc

SUBJECT: _____
(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

Cassio Raffa

FROM: _____
Name (Printed or typed)

4000 N Federal Hwy

Address

Lighthouse Point, FL, 33064

City, State & Zip

954-544-8350

Daytime Telephone number

cassioraffa@gmail.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

Sarasota Assembly of God Bethlehem Ministry Inc

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
862 SW Glenview Ct.

Port St. Lucie, FL 34953 Florida

Mailing address, if different is:
4000 N Federal Hwy

Lighthouse Point, FL, 33064

ARTICLE III PURPOSE

This organization is organized exclusively for Religious, charitable purposes.

The purpose for which the corporation is organized is: _____
for such purpose, the making of distributions to organizations that as exempt organizations as described under section 501 (c)(3)

of the internal revenue code.

As provided for in the bylaws

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: Joel F Costa, PRES Director

Address: 4000 N Federal Hwy

Lighthouse Point, FL, 33064

Name and Title: David Moreno, V Pres Director

Address: 4000 N Federal Hwy

Lighthouse Point, FL, 33064

Name and Title: Ismael Aguiar, V Pres Director

Address: 4000 N Federal Hwy

Lighthouse Point, FL, 33064

Name and Title: Aleir F Santos, Secretary Director

Address: 4000 N Federal Hwy

Lighthouse Point, FL, 33064

Name and Title: Claudio S Pereira, Secretary Director

Address: 4000 N Federal Hwy

Lighthouse Point, FL, 33064

Name and Title: Deijalma Lira, Secretary Director

Address: 4000 N Federal Hwy

Lighthouse Point, FL, 33064

FAT
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ssi
F
10/11/16

2023 JUN 20 AM 10:35

Cassio Raffa, Treasurer Director
Name and Title: _____
Address: 4000 N Federal Hwy
Lighthouse Point, FL, 33064

Josias Quintaneiro, Treasurer Director
Name and Title: _____
Address: 4000 N Federal Hwy
Lighthouse Point, FL, 33064

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Joel F Costa
Address: 4000 N Federal Hwy
Lighthouse Point, FL, 33064

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joel F Costa
Address: 4000 N Federal Hwy
Lighthouse Point, FL, 33064

2023 JUN 20 AM 10:35
TALLAHASSEE, FLORIDA

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

07/20/23
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

07/20/23
Date