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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: BERASHEET Word World

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

BIBLE UNIVERSITY, INC.

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: DR. ZELLENE W. SMITH
Name (Printed or typed)

3491 TORRINGTON Way
Address

Tallahassee, FL 32317
City, State & Zip

850 363-9222
Daytime Telephone number

wordworldbibleuniversity @
E-mail address: (to be used for future annual report notification)
gmail.com

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

The name of the corporation shall be:

BERASHEET Word World

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

3491 TORRINGTON Way
Tallahassee, FL
32317

JANIE

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Teaching Biblical
Studies and Theological Education
Open ENROLLMENT; SERVING students
18 years old and beyond

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appoint

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

DR. ZELLENE SMITH

Name and Title:

Address:

3491 TORRINGTON Way

Address:

PRESIDENT / CEO

Name and Title:

N/A

Name and Title:

Address:

Name and Title:

N/A

Name and Title:

Address:

2023

6:

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: Dr. Zelle W. Smith
Address: 3491 TORRINGTON Way
Tallahassee, FL 32317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Zelle W. Smith
Address: 3491 TORRINGTON Way
Tallahassee, FL 32317

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

Dr. Zelle W. Smith
Required Signature of Registered Agent

11-29-2023
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.

Dr. Zelle W. Smith
Required Signature of Incorporator

11-29-2023
Date

2023