

N240000000303Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000014624 3)))



H240000146243ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
CONCILIO GLOBAL CRIOLLO ISOKAN OGBON IFA CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

2013 JAN 10 PM 4:01

2013 JAN 10 PM 4:44

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Concilio Global criollo isOKAN OGBON iFA**ARTICLE II PRINCIPAL OFFICE**

CORP

Principal street address:

Mailing address, if different is:

8531 SW 102nd CTMiami FL 33173**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Religious organization of cuban traditions**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:By THE BYLAWS**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Rolan Mario Oliva Name and Title: PresidentAddress: 8531 SW 102nd CT Address: miami FL 33173Name and Title: Yaniel J Fuentes Name and Title: SecretaryAddress: 8531 SW 102nd CT Address: miami FL 33173Name and Title: Isaiah Shariff Castillo Name and Title: TreasureAddress: 8531 SW 102nd CT Address: Miami FL 33173

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Yaniel J FuentesAddress: 8531 SW 102nd CTMiami FL 33173**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Yaniel J FuentesAddress: 8531 SW 102nd CTMiami FL 33173

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 Agent01/09/2024
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 Incorporator01/09/2024
Date

2024 JAN 10 11:34:44