

N24000000746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

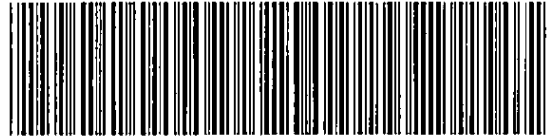
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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.

2023 Jun 20 11:08:25
MAY 20 11:08:25

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

ARTICLE I NAME Port Saint Lucie 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 _____
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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

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

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 Aguirre, V Pres Director _____ Address: 4000 N Federal Hwy _____ Lighthouse Point, FL, 33064 _____	Name and Title: Alcir 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: Itamar Carlos, Secretary Director _____ Address: 4000 N Federal Hwy _____ Lighthouse Point, FL, 33064 _____

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

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

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

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

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 01/05/24
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 01/05/24
Date

01/05/24 8:25

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

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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: Iamar Carlos, Secretary Director _____ Address: 4000 N Federal Hwy _____ Lighthouse Point, FL, 33064 _____

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Name and Title: Cassio Raf'fa, Treasurer Director
Address: 4000 N Federal Hwy
Lighthouse Point, FL, 33064

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

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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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

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Effective date, if other than the date of filing: _____ (OPTIONAL)
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Joel F Costa _____ Date: 01/05/24

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.

Joel F Costa _____ Date: 01/05/24

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