

Division of Corporations

N 2400001567

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : JTAX CORP  
Account Number : I20200000009  
Phone : (954)544-1000  
Fax Number : (954)678-4500

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: HELLO@JTAXCORP.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION  
CHECK-IN CHURCH INC.**

Certificate of Status	0
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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**The name of the corporation shall be: CHECK-IN CHURCH INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address:  
3300 10TH AVE NPALM SPRINGS, FL, 33461

Mailing address, if different is:

3854 LYONS ROAD, APT 104COCONUT CREEK, FL, 33073**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: To operate exclusively for charitable, educational and religious purposes.To be a dynamic, multicultural, multiethnic, interracial and holistic ministry built upon the word of God.To be a city of refuge, ministering to the hurting, wounded and broken while offering restoration and reconciliation with God.To be a training center which equips Christians for their destiny work and prepares them to change a generation and inspire the  
World.**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: FABIO DONATO GONÇALVES - PRESIDENTAddress: 3854 LYONS ROAD, APT 104COCONUT CREEK, FL, 33073Name and Title: SULAMITA MAIA DOS SANTOS DONATO GONCALVES -  
VICE PRESIDENTAddress: 3854 LYONS ROAD, APT 104COCONUT CREEK, FL, 33073Name and Title: ROSIANE CASTRO DE OLIVEIRA - TREASURERAddress: 6173 PLAINS DRLAKE WORTH, FL, 33463Name and Title: PRISCILA ALVES DE JESUS - SECRETARYAddress: 7884 SONOMA SPRINGS CIRCLE, APT 104LAKE WORTH, FL, 33463Name and Title: SOLANGE BATISTA MARCILIO - MEMBERAddress: 504 WATERVIEWPALM SPRINGS, FL, 33561

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: JTAX CORP \_\_\_\_\_

Address: 23123 STATE RD 7 STE 315 \_\_\_\_\_

BOCA RATON, FL. 33428 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: JTAX CORP \_\_\_\_\_

Address: 23123 STATE RD 7 STE 315 \_\_\_\_\_

BOCA RATON, FL. 33428 \_\_\_\_\_

**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

02/05/2024

\_\_\_\_\_  
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 Incorporator

02/05/2024

\_\_\_\_\_  
Date