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(City/State/Zip/Phone #)

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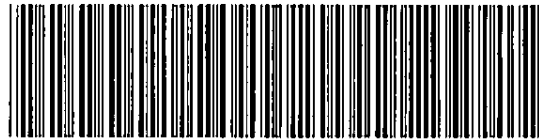
(Business Entity Name)

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2024 JAN 25 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FL

T. MATTHEWS

MAR - 5 2024



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 27, 2023

YETNAYET NIGUESSIE  
11716 TETRAFIN DR  
RIVERVIEW, FL 33579 US

SUBJECT: BETHESIDA CHARITY NONPROFIT ORGANIZATION  
INCORPORATION  
Ref. Number: W23000169895

We have received your document for BETHESIDA CHARITY NONPROFIT ORGANIZATION INCORPORATION and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tekayla T Matthews  
Regulatory Specialist II

Letter Number: 923A00029333

2024 JAN 25 AM 11:09

## COVER LETTER

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

**SUBJECT:** Bethsaida Charity Nonprofit Organization INC.

**(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**

**FROM:** Yetnayet Nigussie  
\_\_\_\_\_  
Name (Printed or typed)

11716 Tetrafin Dr  
\_\_\_\_\_  
Address

Riverview, FL 33579  
\_\_\_\_\_  
City, State & Zip

703 864 7461  
\_\_\_\_\_  
Daytime Telephone number

Bethsidacharity2018@yahoo.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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be: Bethsaida Charity Nonprofit Organization INC.

2024 JAN 25 PM 4: 24

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
7513 Brookhaven Ct.

Tampa, FL

33634

Mailing address, if different is  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: 1. To provide a financial assistance for children who lost their parents.

2 To Purchase and donate annual school supplies such as notebooks, notebooks, pencils, bags and uniforms for  
orphanage children.

3 To assist a low income senior citizens in Ethiopia.

4. To support and assist churches and monasteries in Ethiopia.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: They are appointed by  
the majority vote.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Priest Sergomichael G/Georgis - Chairmar</u>	Name and Title:	<u>Muluken Damessa - Assistance Treasur</u>
Address	<u>7513 Brookhaven Ct.</u>	Address:	<u>6412 Ambassador Dr.</u>
	<u>Tampa, FL 33634</u>		<u>Tampa, FL</u>
			<u>33615</u>
Name and Title:	<u>Firehiwt Nigussie - Vice Chairman</u>	Name and Title:	<u>Thomas Woldemeskel - Accountant</u>
Address	<u>11716 Tetrafin Dr</u>	Address:	<u>5814 143rd Ct.</u>
	<u>Riverview, FL</u>		<u>E. Bradenton, FL</u>
	<u>33579</u>		<u>34211</u>
Name and Title:	<u>Shimola Gebu - Chief Treasure</u>	Name and Title:	<u>Tamirat Angaso - Secretary</u>
Address	<u>14117 Eastland Ln.</u>	Address:	<u>4227 Tarkington Dr.</u>
	<u>Tampa, FL</u>		<u>Land O Lakes, FL</u>
	<u>33625</u>		<u>34639</u>

Name and Title: Wolde Bireda - Auditor

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

Address: 6225 Calamari PL,

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

Riverview, FL

33578

Name and Title: Dr. Tewodros Abene

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

Address: 8003 Terrace Arbor

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

CT,

Tampa, FL 33637

**ARTICLE VI REGISTERED AGENT**

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

Name: Yetnayet Nigussie

Address: 11716 Tetrafin Dr

Riverview, FL 33579

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Priest Sergomichael G/Georgis

Address: 7513 Brookhaven Ct,

Tampa, FL 33634

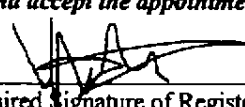
**ARTICLE VIII EFFECTIVE DATE:**

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

12/12/2023

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.*

  
Required Signature of Incorporator

12-10-23

Date