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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 14, 2024

SAHR S. PERRY. 225 KETTERING RD DAVENPORT, FL 33897 US

SUBJECT: FIRE INTERNATIONAL EMBASSY

Ref. Number: W24000059164

We have received your document for and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham Regulatory Specialist III Director's Office

Letter Number: 524A00008086

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The state of the s

NOT FOR PROFIT CERTIFICATE OF DOMESTICATION

Th,	: undersigned. Sahr S Perry . pi	resident		
	(Name) FIRE INTERNATIONAL EMBASSY	a	(Title) foreign Corp	oration
	(Corporation Name) secordance with section 617.1803, Florida Statutes, does here	by certify:		
Ι.	The date on which corporation was first formed was MAY	11	20	18
2.	The jurisdiction where the above named corporation was first came into being was MINNESOTA	st formed, incorp	orated, or ot	herwise
3.	The name of the corporation immediately prior to the filing of was FIRE INTERNATIONAL EMBASSY	of this Certificate	e of Domesti	cation
4.	The name of the corporation, as set forth in its articles of inc s. 617.01201 and 617.0202 with this certificate is FIRE INT	rorporation, to be	filed pursua EMBASSY	int 10
5.	The jurisdiction that constituted the seat, siege social, or prinadministration of the corporation, or any other equivalent jurismmediately before the filing of the Certificate of Domestica MINNESOTA	risdiction under a	isiness or ce	ntral w.
6.	Attached are Florida articles of incorporation to complete the to s. 617.1803.	e domestication	requirements	s pursuan
La	Sahr S Perry of FIRE INTERNATIONAL I	EMBASSY		
	d am authorized to sign this Certificate of Domestication on b this the 27 day of FEB	ehalf of the corp	oration and 2024	have don
	- JA			9,094
	(Authorized Signature)			-
			:-	<u>.</u>
	Filing Fee: Certificate of Domestication Articles of Incorporation and Certified C Total to domesticate and file	\$50.0 Copy <u>\$78.7</u> \$128.	<u> 15</u>	8: 57

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

ARTICLE I The name of the	EXAME e corporation shall be:	VAL EMB	ASSY INC	
ARTICLE II	PRINCIPAL OFFICE			
236 A	Principal <u>street</u> address: Mailing address, if different is: LTAMONTE BAY CLUB CIR APT 104 236 ALTAMONTE BAY CLUB CIR APT 104		04	
ALT/	AMONTE SPRINGS, FL 32701 UNITES ST	TATES	ALTAMONTE SPRINGS FL, 32701 UNITE	ED STATES
	or which the corporation is organized is.		E OF AN ORGANIZATION LIKE FIRE INTI R SPIRITUAL DEVELOPMENT AMONG IT	
WE AS A CH	URCH COMMUNITY WILL BE ENGAGIN	NG IN CO	MMUNITY OUTREACHS, TO SERVE THE	. LOCAL AND
GLOBAL CO	MMUNITY THROUGH OUTREACH PRO	GRAMS.	CHARITABLE ACTIVITIES, AND MISSION	NS, HELPING TE
IN NEED, OU	R MAIN FOCUS IS TO CULTIVATE A CU	ULTURE	OF WORSHIP AND FELLOWSHIP, TO PRO	OVIDE A SPACE
FOR PROPLE	OF ALL RACE AND GENDER TO COM	E TOGET	HER FOR WORSHIP, PRAYER, AND FELL	OWSHIP, BUILE
A SUPPORTE	VE COMMUNITY OF FAITH. WE WILL A	ALSO BE	EDUCATING THE MEMBERS AND COMM	MUNITY ABOUT
ARTICLE V		<u>ORS</u>	the directors are elected and appointed: THE M.	
Address	236 ALTAMONTE BAY CLUB CIR APT	_ Address		_
	ALTAMONTE SPRINGS , FL, 32701			_
Name and Title	۲	Name ar	id Title:	9
Address		_ Address		91194
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				.
Name and Title	v	Name ar	id Title:	
Address		Address	· · · · · · · · · · · · · · · · · · ·	رب اب ـ
				-

	MATTER	08/14/2024	A)
I submit this docu the Department of	ment and affirm that the facts stated herein a Stata constitutes a third degree felony as pro	re true. I am aware that any false information submit vided for in s.817.155, F.S.	tted in a document to
	Required Signature of Registered Ag	ent Date	
		08/14/2024"	; 50.6
Having been nan certificate, I am fa	ned as registered agent to accept service of position with and accept the appointment as re	process for the above stated corporation at the plac gistered agent and agree to act in this capacity	ve designated in this
Note: If the date document's effect	inserted in this block does not meet the appli- ive date on the Department of State's record-	cable statutory filing requirements, this date will not s.	t be listed as the
(If an effective d	ate is listed, the date must be specific and o	cannot be more than five days prior or 90 days af	ter the filing.)
Effective date, if	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)	
	ALTAMONTE SPRINGS, FL 3207	·-··	
Address:	236 ALTAMONTE BAY CLUB CIR AF		
Name:	SAHR S PERRY		
	INCORPORATOR dress of the Incorporator is:		
	DAVEPORT, FL. 32701		
Address	225 KETTERING RD		
Name:	CHERYL SARAH YEBOAH		
ARTICLE VI The name and FI	REGISTERED AGENT orida street address (P.O. Box NOT acceptal	ole) of the registered agent is:	
_			
_			
Nume and Take		ame and Title:	
Address	<i>F</i>	Address:	<u></u>
Name and Title:	<i>}</i>	ame and Title:	