

9/4/24, 3:17 PM

H2400010534

Florida Department of State  
Division of Corporations  
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((H24000301202 3)))



H240003012023ABCO

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To:

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

From:

Account Name : TAXPEOPLE LLC  
Account Number : I20200000160  
Phone : (772)460-1000  
Fax Number : (772)777-3071

**\*\*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  
MORE OF CHRIST INTERNATIONAL MINISTRY, CORP**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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COVER LETTER

((H24000301202 3)))

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

SUBJECT: More Of Christ International Ministry, Corp  
(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: CLAUDIO TOLEDO RIBEIRO  
Name (Printed or typed)

2855 SW BRIGHTON ST

Address

PORT ST LUCIE, FL 34953

City, State & Zip

772.460.1000

Daytime Telephone number

INFO@TAXPEOPLEFL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit) (((H24000301202 3)))

**ARTICLE I NAME**

The name of the corporation shall be: More Of Christ International Ministry, Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1423 Bartow Drive #102

Celebration, FL 34747

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: NON-PROFIT ORGANIZATION TO CAPACITATE LAY SERVANTS  
TO SERVE IN THEIR CHURCHES

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: AS PROVIDED  
FOR IN THE BYLAWS

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

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

Address: VALMOR DA COSTA BATISTA Address: \_\_\_\_\_

1423 BARTOW DRIVE #102

CELEBRATION, FL 34747

Name and Title: VICE - PRESIDENT Name and Title: \_\_\_\_\_

Address: EVERSON LAGE Address: \_\_\_\_\_

1450 BELFIORE WAY

WINDERMERE, FL 34786

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

Address: HAZAEI TERCIO DA C. BATISTA Address: \_\_\_\_\_

10467 S 228th Ln

BOCA RATON, FL 33428

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SECRETARY OF STATE

SECRETARY OF STATE  
PAUL J. HARRIS, JR.  
TALLAHASSEE, FL

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

Address \_\_\_\_\_ Address: \_\_\_\_\_ (((H24000301202 3)))

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: TAXPEOPLE  
Address: 2855 SW BRIGHTON ST  
PORT ST LUCIE, FL 34953

**ARTICLE VII INCORPORATOR**

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

Name: CLAUDIO TOLEDO RIBEIRO  
Address: 2855 SW BRIGHTON ST  
PORT ST LUCIE, FL 34953

**ARTICLE VIII EFFECTIVE DATE:** 09/04/2024

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

09/04/2024

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

09/04/2024

Date

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TALLAHASSEE, FL

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TALLAHASSEE, FL