

10/7/24, 7:34 AM

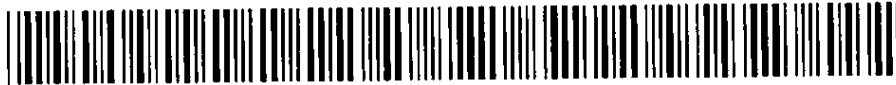
Division of Corporations

Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323)962-8600
Fax Number : (323)389-0502

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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FLORIDA PROFIT/NON PROFIT CORPORATION
Christ Impact Global Leadership & Ministry Institute

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

2024 OCT -7 PM 2:42
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COVER LETTER

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

SUBJECT: Christ Impact Global Leadership & Ministry Institute 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: Erik Treutlein, Legalzoom.com, Inc
Name (Printed or typed)

9900 Spectrum Drive
Address

Austin, TX 78717
City, State & Zip

323 962-8600 ext 9724
Daytime Telephone number

peacefullynylah@gmail.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)

ARTICLE I NAME

The name of the corporation shall be: Christ Impact Global Leadership & Ministry Institute Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
19071 Blueleaf St

Mailing address, if different is:

Orlando, FL 32827

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A premier Christian educational institution dedicated to equipping and empowering individuals for effective leadership and impactful ministry on a global scale

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed, The method by which the directors of the corporation are elected or appointed will be stated in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nylah Smith (P. D)

Name and Title: Henry Okwuosa (D)

Address: 19071 Blueleaf St
Orlando, FL 32827

Address: 19071 Blueleaf St
Orlando, FL 32827

Name and Title: Winnie Okwuosa (D)

Name and Title: _____

Address: 719071 Blueleaf St
Orlando, FL 32827

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Nylah SmithAddress: 19071 Blueleaf StOrlando, FL 32827**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Nylah SmithAddress: 19071 Blueleaf StOrlando, FL 32827**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_____
Date

Nylah Smith

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_____
Date

Nylah Smith