

N24000012004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

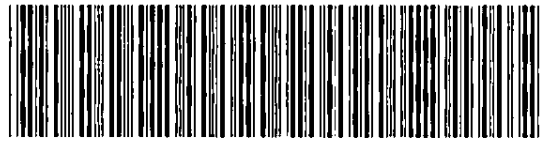
(Document Number)

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Special Instructions to Filing Officer:

W24000123923  
10-11-2024

Office Use Only



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08/27/24--01013--001 ++70.00

CLERK OF THE  
SOLICITOR GENERAL  
TALLAHASSEE, FLORIDA

2024 OCT 11 PM 8:36

FILED



RECEIVED

2024 OCT 11 PM 12:27

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
TALLAHASSEE, FL

September 3, 2024

JOSE G. MATTEI  
11090 ENGLENOOK DRIVE  
JACKSONVILLE, FL 32246 US

SUBJECT: HODOS INTERNATIONAL MINISTRIES  
Ref. Number: W24000123923

We have received your document for HODOS INTERNATIONAL MINISTRIES and check(s) totaling \$70.00. 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. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The individual(s) listed in Article IV do not have a title. Please list a title for each individual listed.

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.

Monique K Anderson  
Regulatory Specialist II

Letter Number: 924A00019674

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be: Hodós International Ministries Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
7901 4th St N #STE 300

St. Petersburg, FL 33702

Mailing address, if different is:  
7901 4th St N #22947

St. Petersburg, FL 33702

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Hodós International Ministries exists for the empowerment and training of

Christians who desire to work towards the evangelization of Europe. This corporation (ministry) will empower, equip and send  
missionaries throughout Europe to share the Good News of Jesus Christ in both work and deed.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Appointed by BOD

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

Name and Title: José G. Mattei, President

Address 7901 4th St N #22947

St. Petersburg, FL 33702

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

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

Name and Title: Emma J. Mattei, Treasurer

Address 7901 4th St N #22947

St. Petersburg, FL 33702

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

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

Name and Title: Abigail Wilcox, Secretary

Address 7901 4th St N #22947

St. Petersburg, FL 33702

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

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

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TALLAHASSEE, FLORIDA

2024 OCT 11 PM 8:37

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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: Northwest Registered Agent LLC

Address: 7901 4th St N STE 300

St. Petersburg FL 33702

**ARTICLE VII INCORPORATOR**

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

Name: José G. Mattei

Address: 7901 4th St N #22947

St. Petersburg FL 33702

**ARTICLE VIII EFFECTIVE DATE:**

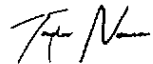
Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

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2024 OCT 11 PM 8:37  
CLERK OF DISTRICT COURT  
FALLAHASSEE, FLORIDA

**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*

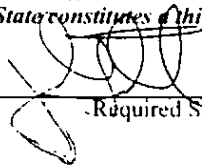


\_\_\_\_\_  
Required Signature of Registered Agent

10/9/2024

\_\_\_\_\_  
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

10/9/2024

\_\_\_\_\_  
Date