L10000001119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

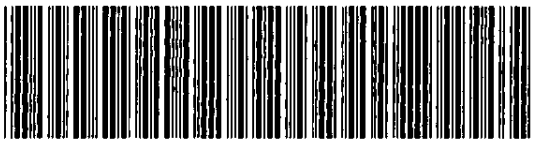
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200162383112

11/06/09--01043--007 **78.75

FILED
10 FEB -1 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 2/3/10

G04-49561

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2009

RECEIVED FEB - 1 2010

ODSON LOUISMA
5234 MILLENIA BV APT 108
ORLANDO, FL 32839

SUBJECT: ASSEMBLE DEDIEU PAR LA GRACE Inc.
Ref. Number: W09000049561

We have received your document for ASSEMBLE DEDIEU PAR LA GRACE and your check(s) totaling $78.75. 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.

An effective date **may** be added to the Articles of Incorporation **if a 2010 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the corrected original and one copy of 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) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 109A00035176

COVER LETTER

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

SUBJECT: Assemble DeDieu Par La Grace 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: Odson Louisma
Name (Printed or typed)

5234 Millenia BV Apt 108
Address

Orlando, Florida 32839
City, State & Zip

407-731-7713
Daytime Telephone number

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: Assemble DeDieu Par La Grace Inc.

ARTICLE II PRINCIPAL OFFICE

The principal **street** address and mailing address, if different is:

5234 Millenia BV Apt 108 Orlando, Florida 32839

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Purpose is which corporation Religious and Charitable.

FILED
10 FEB -1 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The method of election of directors are set forth in by-laws.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Odson Louisma President, Marjori Edouard Louisma Vice President

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Odson Louisma 5234 Millenia BV Apt 108 Orlando, Florida 32839

ARTICLE VII INCORPORATOR

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

Odson Louisma 5234 Millenia BV Apt 108 Orlando, Florida 32839

****

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.

Odson Louisma
Signature/Registered Agent

01/05/2010
Date

Odson Louisma
Signature/Incorporator

01/05/2010
Date