

N15000009437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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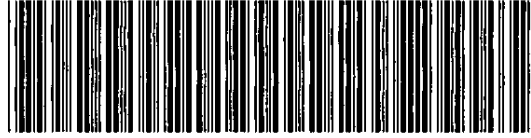
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 SEP 28 PM 1:39

APPROVED  
AND  
FILED

## COVER LETTER

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

**SUBJECT:** JARDIN FLEURI DE DORA

(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:** MADOCHEE JEANTY  
\_\_\_\_\_  
Name (Printed or typed)

347 CHEROKEE AVE  
\_\_\_\_\_  
Address

HAINES CITY FL 32844  
\_\_\_\_\_  
City, State & Zip

407 952-6557  
\_\_\_\_\_  
Daytime Telephone number

madocheej347@yahoo.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 4, 2015

MADOCHEE JEANTY  
347 CHEROKEE AVE  
HAINE CITY, FL 33844

SUBJECT: JARDIN FLEURI DE DORA  
Ref. Number: W15000058867

We have received your document for JARDIN FLEURI DE DORA and your check(s) totaling \$87.50. 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.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 615A00018818

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

APPROVED  
AND  
FILED

**ARTICLE I NAME**  
The name of the corporation shall be: JARDIN FLEURI DE DORA Corporation 15 SEP 28 PM 1:39

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: 347 CHEROKEE AVE  
Mailing address, if different is: SAME

HAIN CITY FLO 33844

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: AFTER SCHOOL PROGRAME ALSO EARLY START PREPARATI

FOR ALL NEW BEGINING To Help the Low income Family in the  
Community

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: BY IN ELECTION *Vote*

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

Name and Title:	<u>PRESIDENT MADOCHEE JEANTY</u>	Name and Title:	<u>BELOUSE CLERIZIER VICE/PRESI</u>
Address:	<u>347 CHEROKEE AVE</u>	Address:	<u>347 CHEROKEE AVE</u>
	<u>HAIN CITY FLO 33844</u>		<u>HAIN CITY FLO 33844</u>

Name and Title:	<u>IMACULA CHERY / PRINCIPAL</u>	Name and Title:	<u>JODANA/CEIDE//VICE PRINCIPAL</u>
Address:	<u>1947 CHOKE RD</u>	Address:	<u>347 CHEROKEE AVE</u>
	<u>HAIN CITY FLO 33844</u>		<u>HAIN CITY FLO 33844</u>

Name and Title:	<u>BERLINE GASON / SECRETARY</u>	Name and Title:	<u>AMADO JEANTY /ASS SECRETAR</u>
Address:	<u>1223 MOUNTIN DR</u>	Address:	<u>1223 MOUNTIN DR</u>
	<u>HAIN CITY FLO 33844</u>		<u>HAIN CITY FLO 33844</u>

APPROVED  
AND  
FILED

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

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

Address \_\_\_\_\_

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

15 SEP 28 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: MADOCHEE JEANTY

Address: 347 CHEROKEE AVE

HAIN CITY FLO 33844

**ARTICLE VII INCORPORATOR**

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

Name: JARDIN FLEURI DE DORA

Address: 347 CHEROKEE AVE

HAIN CITY FLO 33844

**ARTICLE VIII EFFECTIVE DATE:** 08/10/2015

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 business days prior or 90 business 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*

Madochee Jeanty  
Required Signature of Registered Agent

08/10/2015  
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.*

Madochee Jeanty  
Required Signature of Incorporator

08/10/2015  
Date