

P11000042077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

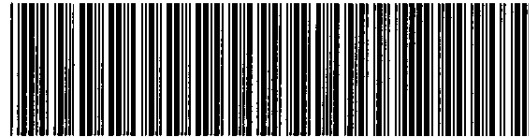
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
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2011 04 29

COVER LETTER

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

SUBJECT: TIMOUN SE MOUN, 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: Claudette Altieri
Name (Printed or typed)

450 NW 101 St
Address

Pembroke Pines, FL 33026
City, State & Zip

954.394.4450
450 NW 101 St Telephone number

CAltieri@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

RECEIVED

APR 29 PM 1:01
DIVISION OF CORPORATIONS

April 13, 2011

CLAUDETTE AUGUSTIN ALTIERI
450 NW 101 TERRACE
PEMBROKE PINES, FL 33026

SUBJECT: TIMOUN SE MOUN, INC.
Ref. Number: W11000020891

We have received your document for TIMOUN SE MOUN, INC. 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 311A00009023

FILED

11 APR 29 PM 3: 08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

ARTICLE I NAME

TIMOUN SE MOUN, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
450 NW 101 St
PEMBROKE PINES, FL 33026

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the organization is to serve as a bridge for children implicated in the justice system in Haiti. It will appropriate itself of halfway homes that will be "centers of refuges" for such young persons up to 17 years old. Those juveniles will be recruited and placed in those "homes" separated by gender and age. During their passage, appropriately trained social workers will assess their needs and provide them with the care their individual case requires for their readjustment and reintegration within the society. They will remain under care prior to and after a verdict has been reached. Those who will be acquitted will continue to receive regular supervision and, in case of condemnation, the organization will advocate for them to be placed in appropriate juvenile incarceration centers where they might continue to attend school or learn a trade depending on their age - under its aegis.

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

According to by-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Max Henry Achille, Chair
Address: 171 marguerite Avenue
Floral Park, NY 11001

Name and Title: Linda Cesar, Vice Chair
Address: 12824 SW 31 St
Miramar, FL 33027

Name and Title: Donald Altieri, Secreary/Treasurer
Address: 4668 SW 183 Avenue
Miramar, FL 33029

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Claudette Altieri
Address: 450 NW 101 St
Pembroke Pines, FL 33026

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jonas Georges
Address: 102 NW 109 St
Miami Shores, FL 33168

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

Claudette Altieri
Required Signature of Registered Agent

4/25/2011
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.

Jonas Georges
Required Signature of Incorporator

11/21/2011
Date