

F1500000 3547

(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



300275435003

07/31/15--01020--009 **87.50

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15 AUG 12 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

89225-510

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASSOCIATION AIDE AUX JEUNES
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

JOANNE PREVALUS

Name of Person

ASSOCIATION AIDE AUX JEUNES

Firm/Company

4310 JEFFERSON LANE 201

NAPLES FL 34116

Address

City/State and Zip Code

AAJEUNES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KARL, DORY

Name of Person

at (239) _____
Area Code

201-5878

Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy



RECEIVED

15 AUG 12 PM 2: 58

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

August 3, 2015

JOANNE PREVALUS
4310 JEFFERSON LN
201
NAPLES, FL 34116

SUBJECT: ASSOCIATION AIDE AUX JEUNES CORPORATION
Ref. Number: W15000052268

We have received your document for ASSOCIATION AIDE AUX JEUNES CORPORATION 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 entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 515A00016278

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. **ASSOCIATION AIDE AUX JEUNES CORPORATION**

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

N/A

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **FRENCH GUIANA**

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 07-27-2015

(Date of Incorporation)

5.

(Date of duration, if other than perpetual)

6. 07-27-2015

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 4310 JEFFERSON LANE 201, NAPLES FL 34116

(Principal office address)

4310 JEFFERSON LANE 201, NAPLES FL 34116

(Current mailing address, if different)

8. **OUR PURPOSES IS TO HELP OUR COMMUNITY LOCALLY AND INTERNATIONALLY**

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: JOANNE PREVALUS

Office Address: 4310 JEFFERSON LANE 201

NAPLES

(City)

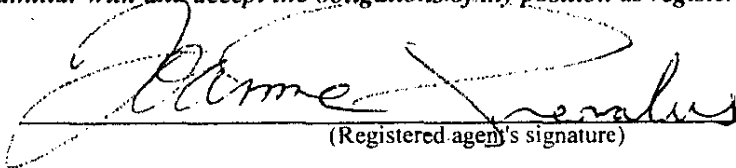
, Florida 34116

(Zip Code)

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TALLAHASSEE, FLORIDA

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: KARL H.G GREGORIE

Address: 4310 JEFFERSON LANE 201

NAPLES, FL 34116

Director: _____

Address: _____

B. OFFICERS

President: JOANNE PREVALUS

Address: 4310 JEFFERSON LANE 201

NAPLES, FL 34116

Vice President: AMONNON LOUIS

Address: 4455 24TH PL SW APT B

NAPLES, FL 34116

Secretary: JEAN P. MARCELIN

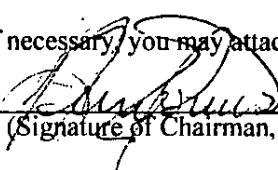
Address: 2225 48TH ST SW

NAPLES, FL 34116

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Liberte Egalite. Fraternite
Republique Francaise
Foreign Minister and International Development

Prefecture Of French Guyana

Status: Active

The law of July 1, 1901 relatively with the association contract.

The Decree of August 16, 1901 the laying down in public administration for the execution of the Aforesaid law

Association Aide Aux Jeunes (AAJ)
81 Rue Christophe Colomb
97300 Cayenne France

References:

Lot: 2015/00113 of 09/19/2015

No of payment: 064350327

Key File: CUI04024588750

Number of Beneficiary: 0402458875

No siret: 79338655800027

Sealed: by the Foreign Minister of French Republic,

Conseil General

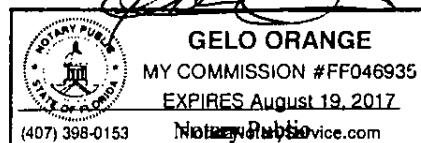
06/19/2015

Directorate of Youth, Sports and Social Cohesion Guyane
19 Rue Schoelcher
BP 5001
97305 Cayenne Cedex

Correspondences:

65 Bis Rue Christophe Colomb
97300 Cayenne

The Certificate of Association Aide Aux Jeunes (AAJ) was Translated from French to English by Gelo Orange. This is true and correct to the best of my knowledge.





AVIS DE PAIEMENT

CONTRAT UNIQUE D'INSERTION
EMPLOI
CG GUYANE CUI CAE 10%

ASSOCIATION AIDE AUX JEUNES
81 RUE CHRISTOPHE COLOMB

REFERENCES A RAPPELER :

Lot : 2015/00113 du 19/06/2015
N° de paiement : 064350327
Clé dossier : CUI04024588750
Numéro de bénéficiaire : 0402458875
N° Siret : 79338655800027

97300 CAYENNE
FRANCE

Le 19/06/2015

REFERENCES DU PAIEMENT :

DOMICILIATION

LBP CENTRE DE CAYENNE

COMPTE: IBAN FR27 2004 1010 1901 5443 7W01 659
BIC PSSTFRPPCAY

ELEMENTS DE PAIEMENT

- M DEMESIERE JEAN EMMANUEL MINISTERE DU TRAVAIL DE L'EMPLOI DIALOGUE SOCIAL Aide de l'Etat ACOMPTE 06/2015	DOSSIER 973 14 P01286 0
- MLE HENRY NADEGE MINISTERE DU TRAVAIL DE L'EMPLOI DIALOGUE SOCIAL Aide de l'Etat ACOMPTE 06/2015 CONSEIL GENERAL DE GUYANE Aide complementaire Conseil General de la Guyane ACOMPTE 06/2015 Contribution forfaitaire RSA du Conseil General de la Guyane ACOMPTE 06/2015	DOSSIER 973 14 A00376 0
- MLE RONDA SYLVA LAURENCE ALBERTINE MINISTERE DU TRAVAIL DE L'EMPLOI DIALOGUE SOCIAL Aide de l'Etat ACOMPTE 06/2015 CONSEIL GENERAL DE GUYANE Contribution forfaitaire RSA du Conseil General de la Guyane ACOMPTE 06/2015 Aide complementaire Conseil General de la Guyane ACOMPTE 06/2015	DOSSIER 973 14 A00342 0
- MME RONDA-SYLVA LISETTE MINISTERE DU TRAVAIL DE L'EMPLOI DIALOGUE SOCIAL Aide de l'Etat	DOSSIER 973 14 P01285 0

RETENU

PAYE

749,58

297,37

41,64

452,21

214,08

452,21

83,29

POUR TOUTE CORRESPONDANCE CONCERNANT
LE PAIEMENT, ADRESSEZ-VOUS A :



Agence de Services
et de Paiement

DR ASP GUYANE
65 BIS RUE CHRISTOPHE COLOMB
97300 CAYENNE
05.94.28.28.90

PAPILLON REPONSE à découper et à joindre à toute correspondance

Lot : 2015/00113 du 19/06/2015
N° de paiement : 064350327
Clé dossier : CUI04024588750
Numéro de bénéficiaire : 0402458875
N° Siret : 79338655800027