

N18000000431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

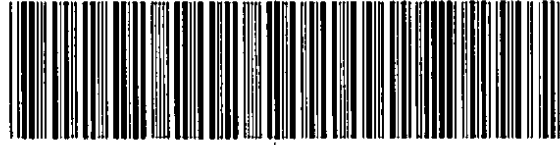
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18 JAN 11 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: SENEVE Foundation 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: CEDIE ACCIUS  
Name (Printed or typed)

1506 TROPICAL DR  
Address

LAKE WORTH FL 33460  
City, State & Zip

(561) 582-8392  
Daytime Telephone number

sarah0217@hotmail.com  
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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 JAN 11 AM 8:36  
FILED

ARTICLE I NAME

The name of the corporation shall be: SEWEVE Foundation Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1506 TROPICAL DR  
LAKE WORTH, FL 33460

Mailing address, if different

1506 TROPICAL DR  
LAKE WORTH, FL 33460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Help Kids/children in Haiti  
by providing food; paying for their education  
and helping in whatever ways they need

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: People will  
be appointed every three year in a rotating basis  
based on donors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CEDIE ALLIUS / President

Address: 1506 TROPICAL DR  
LAKE WORTH, FL 33460

Name and Title: Carmelita ALLIUS / secretary

Address: 1506 TROPICAL DR, 150  
LAKE WORTH, FL 33460

Name and Title: Cristine Pierre OTAVI, VP

Address: Rue Cornelle #7  
TORCELLE, PORT-AU-Prince  
Haiti

Name and Title: FAYEC NORDMIL, Vice-President

Address: 1356 Crest Drive  
Lake Worth FL FL 33461

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

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

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

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

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: CEDIE ACCEUS  
 Address: 1506 TROPICAL DR  
LAKE WORTH, FL 33460

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CEDIE ACCEUS  
 Address: 1506 TROPICAL DR  
LAKE WORTH, FL 33460

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: January 6 2018. (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.)

**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*

CEDIE ACCEUS  
 Required Signature of Registered Agent

01/06/2018  
 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.*

CEDIE ACCEUS  
 Required Signature of Incorporator

01/06/2018  
 Date