

N19000003187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

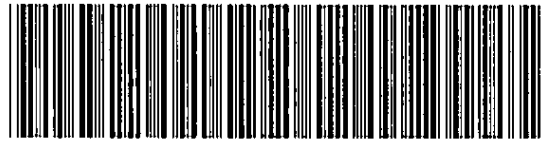
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900326413439

03/19/19--01014--006 \*\*73.75

FILED  
2019 MAR 19 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: FWA SA A JACNEL AVAN, 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: James Solages  
\_\_\_\_\_  
Name (Printed or typed)

8212 NW 57th Court  
\_\_\_\_\_  
Address

Tamarac, FL 33321  
\_\_\_\_\_  
City, State & Zip

754-265-0048  
\_\_\_\_\_  
Daytime Telephone number

JamesSolages85@gmail.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)

**ARTICLE I NAME**  
The name of the corporation shall be: FWA SA A JACMEL AVAN, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address:	Mailing address, if different is:
<u>8212 NW 57th Court</u>	<u></u>
<u>Tamarac, FL 33321</u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: The purpose of FWA SA A JACMEL AVAN, INC. is for the charitable, educational and health purposes within the meaning of Section 501 (c) (3) of the Internal Revenue Code, as may be amended.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: As stated by the bylaws.

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

Name and Title:	<u>James J. Solages, President</u>	Name and Title:	<u>Avril Pierre Renold, Secretary</u>
Address	<u>8212 NW 57 Court</u>	Address:	<u>#74 Wolf 3</u>
	<u>Tamarac, FL 33321</u>		<u>Jacmel, Haiti</u>
	<u></u>		<u></u>
Name and Title:	<u>Edlyne Judy, Vice President</u>	Name and Title:	<u></u>
Address	<u>1034 SW 49 Terrace</u>	Address:	<u></u>
	<u>Margate, FL 33068</u>		<u></u>
	<u></u>		<u></u>
Name and Title:	<u>Jean Milot Berquin, Treasurer</u>	Name and Title:	<u></u>
Address	<u>711 NW 19 Street</u>	Address:	<u></u>
	<u>Apt 210</u>		<u></u>
	<u>Ft. Lauderdale, FL 33311</u>		<u></u>

**FILED**  
2019 MAR 19 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: Nancy Brown

Address: 2700 NW 56 Ave, #509  
Lauderhill, FL 33313

**ARTICLE VII INCORPORATOR**

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

Name: James Solages

Address: 8212 NW 57 Court  
Tamarac, FL 33321


**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 days after the filing.)

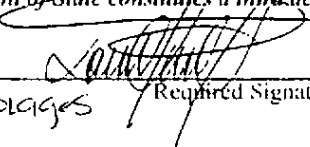
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
NANCY BROWN Required Signature of Registered Agent

3/15/2019  
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.*

  
JAMES J. SOLAGES Required Signature of Incorporator

3/15/2019  
Date

FILED  
2019 MAR 19 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FL