

N19000003187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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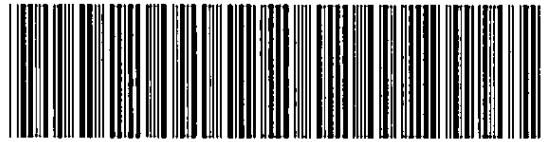
(Business Entity Name)

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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 street address:

8212 NW 57th Court

Tamarac, FL 33321

Mailing address, if different is:

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: James J. Solages, President

Address: 8212 NW 57 Court
Tamarac, FL 33321

Name and Title: Avril Pierre Renold, Secretary

Address: #74 Wolf 3
Jacmel, Haiti

Name and Title: Edlyne Jeudy, Vice President

Address: 1034 SW 49 Terrace
Margate, FL 33068

Name and Title: _____

Address: _____

Name and Title: Jean Milot Berquin, Treasurer

Address: 711 NW 19 Street
Apt 210
Ft. Lauderdale, FL 33311

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

2019 MAR 19 AM 10:33

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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

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