

FOI 000006000

Lausane Augusten
Requestor's Name

2117 N.E 2nd St.
Address

Boynton Bch, FL 33435
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Grace Ministries, Inc. 700004009537--7
(Corporation Name) (Docu -04/13/01--0111--001
****131.25 *****87.50
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 17, 2001

LAUSANE AUGUSTIN
2117 NE 2ND STREET
BOYNTON BEACH, FL 33435

SUBJECT: GRACEMINISTRIES, INC.
Ref. Number: W01000008596

We have received your document for GRACEMINISTRIES, INC. and your check(s) totaling \$131.25 of which \$87.50 has been applied to file the other document(s)-leaving a balance of \$43.75 to file this document. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6097.

Michael Mays
Document Specialist

Letter Number: 001A00022583

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TALLAHASSEE, FLORIDA

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**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 AUTHORIZA-
TION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:**

1. GRACEMINISTRIES inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbrevia-
tions 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.)

2. LES CAVES, HAITI 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. _____ 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Not until we receive a Certificate From the State
(Date corporation first conducted affairs in Florida -
See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 2117 N.E. 2nd Street
Boynton Beach FL 33435
(Current mailing address)

8. State in the by-laws Articles IV
(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:

LAUSANE Augustin
(Name)

2117 N.E. 2nd St
(Office address)

Boynton Beach, Florida, 33435
(City) (Zip Code)

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.

Lausane Augustin
(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.

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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Joseph Astrel Pierre

Address: 2807 Albatross Rd #1
Delray Beach FL 33444

Vice Chairman: Louise Augustin

Address: 2117 NE 2nd St
Brynton Beach FL 33435

Director: Hubert Veillard

Address: 2807 Albatross Rd #1
Delray Beach FL 33444

Director: _____

Address: _____

B. OFFICERS

President: Elysee Nbej

Address: 5265 NW 5th Ct
Delray Beach FL 33445

Vice President: _____

Address: _____

Secretary: Arselaine Augustin

Address: 2117 NE 2nd St
Brynton Beach FL 33435

Treasurer: August Colbert

Address: 241 Ross Dr.
Delray Beach FL 33445

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

13.

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

14.

Joseph Astrel Pierre
(Typed or printed name and capacity of person signing application)

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Graceministries Inc.
(must include suffix)

2. The name and address of the registered agent and office is:

Lausane Augustin
(Name)

2117 NE 2nd Street
(Street address - P. O. Box not acceptable)

Delton Beach FL 33435
(City/State/Zip)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Lausane Augustin
(Signature)

3-24-01
(Date)

Registered Agent filing fee \$35.00

CITY ADMINISTRATION OF DES CAYES

CERTIFICATE

The council of the city Administration of Des Cayes has attested and certify that **GRACE MINISTRIES INC.** had been formed in the month of september of the Year 1999.

The acting agent, also the chairman Pastor **ASTREL PIERRE JOSEPH** dwell And reside in the city of Des Cayes. Therefore he has the proper authaurisation To function in the city of Des Cayes. He is in compliance with the laws. Legally **GRACE MINISTRIES INC.** have ther right to practice according to the laws.

CITY OF DES CAYES May 25, 2001

**MR. JOSEPH RAYMOND
CITY MAYOR**

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TALLAHASSEE, FLORIDA

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REPUBLIQUE D'HAÏTI

Acc - No _____

ADMINISTRATION COMMUNALE DES CAYES



CERTIFICAT

Le Conseil d'Administration Communale des Cayes atteste par la présente que **GRACE MINISTRIES, INC** fondée en Septembre Mille neuf cent quatre vingt dix neuf (1999), ayant pour Chairman Pasteur Astrel Pierre Joseph, demeurant et domicilié aux Cayes, Haïti est autorisée à fonctionner dans le cadre des lois haïtiennes.

En foi de quoi, la présente lui est délivrée pour servir et valoir ce que de droit.

Fait aux Cayes, le 25 Mai 2001

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TALLAHASSEE, FLORIDA


Joseph Raymond Clergé
Maire

AFFIDAVIT

STATE OF FLORIDA)

SS:

COUNTY OF PALM BEACH)

I, Hubert Veillard hereby certify that the Translation I've made from French to English is correct. I have viewed the original of the Attached document and I have accurately Translated the attached document.

This Declaration is executed on the following date before the following Notary Public:

Hubert Veillard
HUBERT VEILLARD

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TALLAHASSEE, FLORIDA

Sworn to and Subscribed Before me

This 17th day of June 2001 at Large.

Marie Florence Osias
NOTARY PUBLIC

STATE OF FLORIDA

My Commission Expires :

