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### **COVER LETTER**

TO:	Registration Section Division of Corporations				
ci in i	ECT: Legliz Letenel se Banye'm. Inc.				
SUBJ	Name of Corporation – must include suffix				
Dear S	ir or Madam:				
Affairs	closed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to the above referenced not for profit corporation to conduct its affairs in Florida.				
Please	return all correspondence concerning this matter to the following:				
	Marie Remy				
	Name of Person				
	Legliz Letenel se Banye'm, Inc.				
	Firm/Company				
	4208 14th St SW				
	Address				
	Lehigh Acres, FL 33976				
City/State and Zip Code					
	marieestile@yahoo.com				
	E-mail address: (to be used for future annual report notification)				
For fu	rther information concerning this matter, please call:				
Mari	Remy 207 249-4806				
-	Name of Person Area Code Daytime Telephone Number				
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303				

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

\$\Begin{array}{c} \$70.00 \text{ Filing Fee} & \Begin{array}{c} \$\$87.75 \text{ Filing Fee} & \Begin{array}{c} \$\$87.50 \text{ Filing Fee}. \end{array}\$

#### 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.	I se Banye'm, Inc.  ration: must include the word "INCORPORATED" or age as will clearly indicate that it is a corporation instead resent. "Company" or "Co." may not be used as a corporation.	'CORPORATION" or words or d of a natural person or partners orate suffix by a nonprofit corpo	abbrev ship if n	iations ot so c	of like ontained
	ilable in Florida, enter alternate corporate name adopte				
2. GA	3. 85-12' atry under the law of which it is incorporated)	76554 (FEI number, if applica	Біе)		****
(State of Com	my under the law of which it is incorporatedy	ual			
4(F	Date of Incorporation) 5. perpe	(Date of duration, if other th	nan perj	octual)	
6. March 6, 202	1				
(Date first cond	ucted affairs in Florida if prior to registration. See section	5 617.1501 & 617.1502, F.S, to d	letermin	e penai	ty liability.)
7 4208 14th St S	W. Lehigh Acres, FL 33976				
·	(Principal office stre	et address)			<del></del>
4208 14th St S	W, Lehigh Acres, FL 33976				
	(Current mailing addres	; if different)			
8. To conduct re	ligious worship services as a church.		1=-	202	
(Purpose(s) of	corporation authorized in home state or country to be c	arried out in the state of Florida	)	Z	3.
9. Name and str	eet address of Florida registered agent: (P.O. Box	NOT acceptable)	12	2021 MAY 24	
Name:	Marie Carolle Remy			<b>=</b> :	
	4208 14th St SW,		×	9: 2	:-
	Lehigh Acres, Flo	orida 33976 (Zip Code)	- ,	21	
	(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.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

□Vice Chairman	Name: 4208 14th St SW Address:		Name:	
☐ Director	Lehigh Acres, FL 33976	□ P:		
■President		President	<del></del>	
∐Vice President		□ Vice President		
□Secretary	□Treasurer	☐ Secretary	☐ Treasurer	
[]Other:	Other:	□Other:	□ Other:	
□Chairman	Zehara L Laguerre Name:	_ Chairman	Name:	
□Vice Chairman	Address: 7050 Ambrosia Ln.		Address:	
□Director	Naples, FL 34119			
□President		President		
□Vice President		□Vice President		
<b>≅</b> Scoretary	□Treasurer	☐ Secretary	□Treasurer	
□Other:	Other:	Other:	Other:	
□Chairman	Junior G Laguerre Name:	Chairman	Name:	
□Vice Chairman	7050 Ambrocia In		Address:	
□Director	Naples, FL 34119	Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	<b>■</b> Treasurer	□Secretary	□Treasurer	
□Other:	Other:	Other:	Other:	
Non-indexed indiv	t Notice: Use an attachment to report more riduals may be added to the index when fili	than six (6). The attachment ng your Florida Department o	will be imaged for reporting purpor of State Annual Report form.	ses

Control Number: 20078019

# STATE OF GEORGIA

# Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Legliz Letenel se Banye'm, Inc

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filling and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title-14 of the Official-Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 20934460 Date Inc/Auth/Filed: 05/12/2020 Jurisdiction : Georgia Print Date : 05/14/2021

Form Number : 211



Brad Raffensperger