

N00000003048

TRANSMITTAL LETTER

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

300003155303--2
-03/02/00--01105--004
*****78.75 *****78.75

SUBJECT: La Pointe Alumni Vision
(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: Rigobert W. Leveille
Name (Printed or typed)

P. O. Box 4064
Address

N. Miami FL 33269
City, State & Zip

305-653-7201 or 343-1231
Daytime Telephone number

FILED
00 MAY -8 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

T. Burch MAY 9 2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 9, 2000

RIGOBERT W. LEVEILLE
PO BOX 4064
N. MIAMI, FL 33269

SUBJECT: LA POINTE ALUMNI VISION
Ref. Number: W00000006305

We have received your document for LA POINTE ALUMNI VISION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Bylaws are not filed with this office. Please retain them for your records.

Please return the original and one copy of 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) 487-6928.

Tim Burch
Document Specialist

Letter Number: 300A00013042

ARTICLES OF INCORPORATION

FILED
00 MAY -8 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

La POINTE Alumni Vision INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Miami,
P.O. BOX 4064, Miami, Florida 33269

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

Plan and Implement programs to enhance the social and economic ~~and~~ development of the Community

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

The directors are elected by vote ~~within~~ by the general membership, by an Election Committee As Stated in the G.Laws.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Rigobert W. Leveille
19830 N.E. 1st Ct
N. Miami FL 33179

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Rigobert W. Leveille
19830 N.E. 1st Ct, N. Mia., FL 33179 4-3-00
Signature/Incorporator Date

(An additional article must be added if an effective date is requested.)

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.

Signature/Registered Agent

4-3-00
Date

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.

12. Names and addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Rigobert W. Leveille

Address: 19830 NE 1st Ct
N. Miami Beach Fl 33269

Vice Chairman: ARSENE M. de NOEL

Address: 452 NE 210 Circle TER 201-7A
MIAMI, Fl 33179

Director: BERTRAND DENIS

Address: _____
Orlando Fl

Director: JACQUES L. Beaumanfont

Address: 4209 SW 10th Ave
Plantation Fl.

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Rigobert W. Leveille

Address: 19830 N.E. 1st Ct
N. Miami Beach, Fl 33179

Vice President: ARSENE M. de NOEL

Address: 452 NE 210 Circle TE. 201-7A
Miami Fl 33179

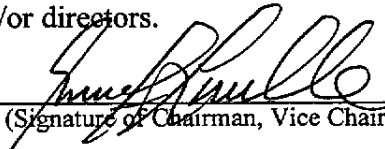
Secretary: Jacques L. Beaumanfont

Address: 4209 S. W 10th Ave, Plantation Fl
33319

Treasurer: Benito Reymonvil

Address: 1415 N.W. 115 St, Miami Fl 33162

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Rigobert W. Leveille

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