

TRANSMITTAL LETTER

11000000004639

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

SUBJECT: INSTITUT MACONNIQUE DES SCIENCES INITIATIQUES INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

FILED
00 JUL 11 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: CLAUDEE HERVEY GERMAIN
Name (Printed or typed)

P.O. BOX 381793
Address

MIAMI, FLORIDA 33238-1793
City, State & Zip

305-944-9614, Beeper 305-317-0568
Daytime Telephone number

600003320126--4
-07/11/00--01086--005
*****87.50 *****87.50

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:

INSTITUT MAÇONNIQUE DES SCIENCES INITIATIQUES INC.

ARTICLE II PRINCIPAL OFFICE

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

430 N.E 148 Street Miami, Florida 33161
P.O. BOX 381793 Miami, Florida 33238-1793

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

EDUCATION FOR MAÇONNIQUE BROTHERS

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

As Stated in the by Law

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

CLAUDE HERVEY GERMAIN, JEAN HERVE PAUL, JEAN ERNST SAINT-ELOI, CAROLE JEAN-BAPTISTE, LOUIS DEGRAFF.
P.O. BOX 381793 Miami, Florida 33238-1793

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

CLAUDE HERVEY GERMAIN
430 NE 148 Street Miami, Florida 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Claude Hervey Germain
430 NE 148 Street Miami, Florida 33161

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.

Signature/Registered Agent

Date

Signature/Incorporator

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUL 11 PM 3:36

FILED