

N92 00000/384

TRANSINITIAL LETTER

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

100004990361--9  
-02/22/02--01020--015  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Retrovaille of Miami, 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: Retrovaille of Miami, Inc.  
Name (Printed or typed)

10120 SW 15 PL  
Address

Davie, FL 33324  
City, State & Zip

954 682 1061  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 FEB 22 PM 12:47

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

2-26-02  
WC

# ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

## ARTICLE I NAME

The name of the corporation shall be: *Retrouvaille of Miami, Inc.*

## ARTICLE II PRINCIPAL OFFICE

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

*10120 SW 15 PL  
Davie FL 33324*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Non profit presenting weekends to help couples in hurt  
relationships.*

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

*Originally appointed by Retrouvaille of Orlando.  
Current Directors will appoint directors as organization  
grows.*

## ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

*Dana & Idania Jolie  
10120 SW 15 PL  
Davie, FL 33324  
Vice-President & Treasurer*

*Norbert & Connie Monfort  
11965 SW 26 Terrace  
Miami, FL 33175  
President & Secretary*

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*Idania Jolie  
10120 SW 15 PL  
Davie, FL 33324*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Idania Jolie  
10120 SW 15 PL  
Davie, FL 33324*

\*\*\*\*\*  
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.

*Idania Jolie*  
\_\_\_\_\_  
Signature/Registered Agent

*2/11/02*  
\_\_\_\_\_  
Date

*Idania Jolie*  
\_\_\_\_\_  
Signature/Incorporator

*2/11/02*  
\_\_\_\_\_  
Date

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