

N 04000008465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

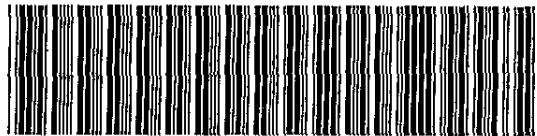
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/27/04--01020--016 **87.50

04 AUG 27 PM 1:00
500040407755

TRANSMITTAL LETTER

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

SUBJECT: Portrait of The Stars, 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:

FRANTZ, CLERMONT
Name (Printed or typed)

6321 ISLAND WAY
Address

MARGATE, Florida 32063
City, State & Zip

(954) 973-6166/241 or (954) 649-0299 (all)
Daytime Telephone number

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

4410
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 27 PM 1:06

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

ARTICLE I NAME

The name of the corporation shall be:

Portrait of the Stars, Inc.

ARTICLE II PRINCIPAL OFFICE

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

6321 ISLAND WAY
MARGATE, FLORIDA 33063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Expose our successful Haitian American professionals to be used as role models by our youngsters. To allow the corporation to be eligible to raise funds for the most need children in our Community.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors will be elected by the general assembly members for a period of 3 years.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

FRANTZ CLERMONT
6321 ISLAND WAY
MARGATE, FLORIDA 33063
TITLE: President

Lionel CLERMONT
3411 NW 23rd PL
Coconut Creek, FLA
TITLE: TREASURER

Florise Dorcelly
1133 NW 45th TERRACE
Lauderhill, Florida 33133
TITLE: Secretary

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

FRANTZ CLERMONT
6321 ISLAND WAY
MARGATE, Florida 33063

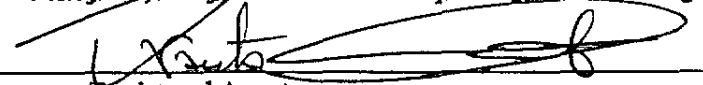
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FRANTZ CLERMONT
6321 ISLAND WAY
MARGATE, FLORIDA 33063

RECEIVED
04 AUG 27 PM 1:04
CLERK OF THE
COURT
JUDICIAL
CIRCUIT IN
FLORIDA

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

08/25/04

Date



Signature/Incorporator

08/25/04

Date