

N07000008015

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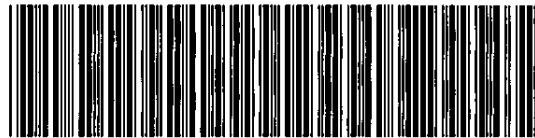
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: Clinique Mobile Education Rurale (CMER), 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: Joseph R. Séjour
Name (Printed or typed)

800 Mimosa Dr
Address

Altamonte Springs, FL 32714
City, State & Zip

407-668-1730
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2007

JOSEPH R. SEJOUR
800 MIMOSA DR
ALTAMONTE SPRINGS, FL 32714

SUBJECT: CLINIQUE MOBLIE EDUCATION RURALE (CMER), INC
Ref. Number: W07000038220

We have received your document for CLINIQUE MOBLIE EDUCATION RURALE (CMER), INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

Please return the corrected 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) 245-6962.

Valerie Herring
Document Specialist
New Filing Section

Letter Number: 907A00048395

ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Clinique Mobile Education Rurale, Inc

ARTICLE II PRINCIPAL OFFICE

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

800 Mimosa Dr. Altamonte Springs, FL 32714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To raise the economic, educational and social levels and enhance the quality of life of disadvantaged individuals, especially those of Haitian and Creole descent here and abroad and to assist these individuals to become fluent in using and speaking English language to enable them to meet U. S. citizenship requirements.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Election of officers will be annually by majority vote of the attending membership at our annual meeting.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Joseph R. Séjour.-800 Mimosa Dr.-Altamonte Springs, FL 32714

Cécile St.Preux.-5885 Sir Henry Dr.-Orlando, FL 32808

Paul Alcide.- 5244 Labrador Lane, Orlando, FL 32818

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

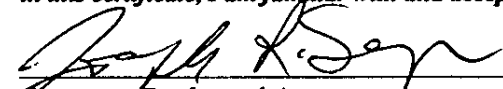
Joseph R. Séjour.- 800 Mimosa Dr. Altamonte Springs, FL 32714

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

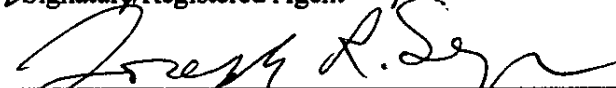
Joseph R. Séjour 800 Mimosa Dr. Altamonte Springs, FL 32714

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

8-2-07
Date



Signature/Incorporator

8-2-07
Date