

NO80000007936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

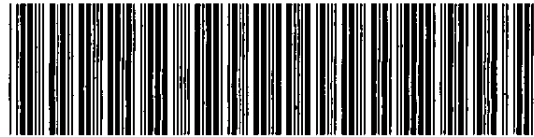
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400134806904

08/25/08--01030--010 **78.75

FILED

2009 AUG 25 P 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 25 2008
D. A. WHITE

TRANSMITTAL LETTER

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

SUBJECT: BETHESDA CLINIC OF HEALING, INC.

Enclosed are 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,
& Certificate Status

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: DR. JEAN VALSAINT

14627 NW 7TH AVENUE
MIAMI, FLORIDA 33168
Phone: (786) 290-1550

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

**ARTICLES OF INCORPORATION
OF
BETHESDA CLINIC OF HEALING, INC.**

FILED

2008 AUG 25 P 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ONE: The name and address of this principal corporation is **14627 NW 7TH Avenue, Miami, Florida 33168**, in Miami-Dade County. The corporation is organized pursuant to the FLORIDA Non-profit Corporation, Code.

TWO: This Corporation is a nonprofit public benefit corporation and is not Organized for the private gain of any person. The corporation is organized Under the Nonprofit Public Benefit Corporation Law for, charitable and Church Educational purposes to aid the poor and disadvantaged individuals and Families towards a life of Self-sufficiency. The programs will consist of but shall not be limited to: Job Training, Job Placement, Land Acquisition, Housing, Employment, Literacy, Counseling, Temporary Shelter, Teenage pregnancy, Substance Abuse Awareness and Prevention, Tutoring, AIDS, Care for Terminally III Children, Assistance to Families and other programs to aid those in need.

THREE: The duration of this corporation shall be perpetual, no stock and shall have no members.

FOUR: The address of the Registered office is **14627 NW 7TH AVENUE, Miami, Florida 33168**, the name and address of the registered agent of the corporation shall be:

 (Signature)
DR. JEAN VALSAINT

- FIVE:**
- (A) This corporation is organized and operated exclusively for Educational and Charitable purposes within the meaning of Section 501 (c) (3) of the Internal Revenue Code.
 - (B) Notwithstanding any other provision of these Articles, the corporation shall not carry on any other activities not permitted to carry on (1) by a corporation exempt from federal income tax under Section 501 (c) (3) of the Internal Revenue Code or (2) by a corporation contributions to which are deductible under Section 170 (c) (2) of the Internal Revenue Code.

SIX: The Directors are elected in accordance with the Bylaws. The name and address of the persons appointed to act as the initial Directors of this corporation are:

NAME	ADDRESS
MARIE LEGER BRUCE President	15321 SW 47 TH STREET Miramar, Florida 33027
DR. JEAN VALSAINT Treasurer	14627 NW 7 TH AVENUE Miami, Florida 33168
ANDY ANTENOR Secretary	15321 SW 47 TH STREET Miramar, Florida 33027
RHENIE ANTENOR Director	15321 SW 47 TH STREET Miramar, Florida 33027
SANNERY GERVAIS Director	15321 SW 47 TH STREET Miramar, Florida 33027
SHERLYN GERVAIS Director	15321 SW 47 TH STREET Miramar, Florida 33027

SEVEN: The property of this corporation is irrevocably dedicated to Charitable and Education purposes and no part of the net income or assets of the organization shall ever inure to the benefit of any director, officer or member thereof or the benefit of any private person.

EIGHT: On the dissolution or winding up of the corporation, it's assets remaining after payment of, or provision for payment of, all debts, and liabilities of this corporation, shall be distributed to a nonprofit fund, foundation, or corporation which is organized and operated exclusively for, Education and Charitable under Section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any federal tax code, or shall be distributed to the federal government, or to a state or local government for a public purpose. Any such asset not disposed of shall be disposed of by the Court of Common Pleas of the County in which the principal office of the organization is located, exclusive for such purposes or to such organization or organizations, as said Court shall determine which are organized and operated exclusively for such purposes.

NINE: Executed on **Aug. 19, 2008**, the name and address of the incorporator of this corporation shall be:

(Signature)

DR. JEAN VALSAINT
14627 NW 7TH AVENUE
Miami, Florida 33168
Phone: 786-290-1550

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER
THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED
AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is: BETHESDA CLINIC OF HEALING, Inc.
14627 NW 7TH AVENUE
Miami, Florida 33168

The name and address of the registered agent and office is:

DR. JEAN VALSAINT
14627 NW 7TH AVENUE
Miami, Florida 33168

The above person has been named as registered agent and to accept service of process for the stated for the purpose of preparation 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 completely to the proper and complete performance of my duties, and I am familiar with and accept the directions of my position as registered agent.


(SIGNATURE)


(DATE)

FILED
2009 AUG 25 P 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA