

N10000002274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

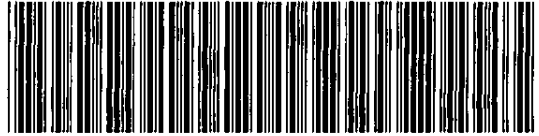
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/12/10--01010--004 **78.75

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10 MAR -3 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W/000007620

ch

3-5-10

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COVER LETTER

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

SUBJECT: Bless the Orphans of Haiti
(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: Alida Milfort
Name (Printed or typed)

9242 Binnacle Dr. Apt# 722
Address

Port Richey, FL 34668
City, State & Zip

727-264-8556
Daytime Telephone number

N/A
E-mail address (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2010

ALIDA MILFORT
9242 BINNACLE DR. APT #722
PORT RICHEY, FL 34668

SUBJECT: BLESS THE ORPHANS OF HAITI
Ref. Number: W10000007620

7

We have received your document for BLESS THE ORPHANS OF HAITI and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

You must list at least one incorporator with a complete business street address.

Please provide us with an email address for this business entity. The Division of Corporations sends important reminders and notices to those business entities that have provided our office with an email address. Make sure your entity receives these helpful communications by providing our office with an active email address.

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) 245-6869.

Christine Haney
Senior Clerk
New Filing Section

Letter Number: 810A00003754

RECEIVED
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

10 MAR -3 PM 3:03

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

ARTICLE I NAME

The name of the corporation shall be:

Bless the Orphans of Haiti, Corp Non-profit
Organization

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

9242 Binnacle Dr. Apt # 722
Port Richey, FL 34668

P.O. Box 413
Port Richey, FL 34673

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To build an orphanage in Haiti

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Self Appointed.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Alida Milfort
9242 Binnacle Dr. Apt # 722
Port Richey, FL 34668

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Alida Milfort
9242 Binnacle Dr. Apt # 722
Port Richey, FL 34668

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Alida Milfort 9242 Binnacle Dr. Apt 722
Port Richey, FL 34668

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

2/4/10

Signature/Incorporator

Date

2/4/10

FILED

10 MAR -3 AM 8:53

NOTARY PUBLIC
STATE OF FLORIDA