

NI0000004047

(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:

Mr. Previl NOEL
stated the Registered Agent &
Incorporator signatures are in
fact how he signs his name.

UHL
4/23/10

Office Use Only

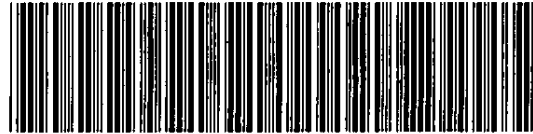
Previl Noel GAVE

AUTHORIZATION BY PHONE TO

CORRECT III, VI & VII

DATE 4/23/10

DOC. EXAM UHL



500176762925

04/22/10--01021--020 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 22 PM 12:05

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: VISION FOUNDATION MINISTRIES, 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: PREVIL NOEL
Name (Printed or typed)

5050 PALM HILL DR APT 144
Address

WEST PALM BEACH FL 33415
City, State & Zip

(561) 644-4048
Daytime Telephone number

Haiti561@hotmail.com
E-mail address: (to be used for future annual report notification)

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

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

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be:

VISION FOUNDATION MINISTRIES, INC

10 APR 22 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

5050 PALM HILL DR APT 144
WEST PALM BEACH FL 33415

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NON-PROFIT also need 501 (c)(3)
ministry

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

PREVIL NOEL and
Dieujuste Joseph (Founders)

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

PREVIL NOEL PD 5050 PALM HILL DR APT 144 W.P.B FL 33415
Dieujuste Joseph V.D 1104 Seacrest BVL Boynton beach FL 33435
PATRICK Antoine S.D 6137 BLUE GRASS CIR LAKE WORTH FL 33463

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

PREVIL NOEL 5050 PALM HILL DR APT 144
WEST PALM BEACH FL 33415

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PREVIL NOEL
5050 PALM HILL DR: APT 144 WEST PALM BEACH FL 33415

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.

PREVIL NOEL

Signature/Registered Agent

4/19/2010

Date

PREVIL NOEL

Signature/Incorporator

4/19/2010

Date