

N110000001102

(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



300192990533

02/01/11--01013--009 **78.75

FILED

2011 FEB -1 PM 4:41

RECEIVED STATE
FALL RIVER, MA 01904

T. Burch FEB 2 2011

COVER LETTER

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

SUBJECT: Church of Christ French Creole Speaking, 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 SEJOUR
Name (Printed or typed)

7069 Willowwood Street
Address

Orlando, Florida 32818
City, State & Zip

407-914-1405
1901 W. Colonial Drive, Suite 100
Orlando, Florida 32817
Telephone number

cmerhaili@yahoo.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)

ARTICLE I NAME

The name of the corporation shall be:

Church of Christ French Creole Speaking, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1901 W. Colonial Drive Suite 14
Orlando, Florida 32804

Mailing address, if different is:

7069 Willowwood Street
Orlando, Florida 32818

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To carry out the mission of Christ by preaching, teaching and assisting.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

By election at the end of each year.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph Sejour, President

Address: 7069 Willowwood St
Orlando, Florida 32818

Name and Title: _____

Address: _____

Name and Title: Lafratiel Polynice, Secretary

Address: 5530 Westhaven Ct
Orlando, Florida 32810

Name and Title: _____

Address: _____

Name and Title: Sadrac Valentin, Treasurer

Address: 7197 Ironwood Drive
Orlando, Florida 32818

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Joseph Sejour

Address: 7069 Willowwood Street
Orlando, Florida 32818

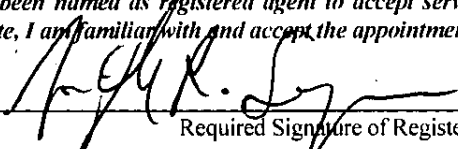
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph Sejour

Address: 7069 Willowwood Street
Orlando, Florida 32818

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


Required Signature of Registered Agent

01-28-11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature of Incorporator

01-28-11
Date

FILED
2011 FEB - 1 PM 4: 41
CLERK OF STATE
TALLAHASSEE, FLORIDA