

N110000 3818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

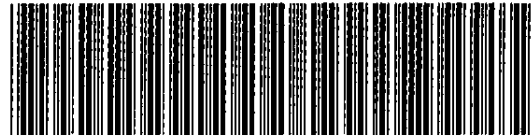
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 4/15/11



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11 APR 14 AM 10:49

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 4, 2010

ALOURDES B PIERRE
8325 NE 2ND AVENUE
MIAMI, FL 33138

SUBJECT: SILOYE CHRISTIAN ACADEMY INC
Ref. Number: W10000046220

We have received your document for SILOYE CHRISTIAN ACADEMY INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As per your request your document is being returned. As per our conversation you must first file Articles of Dissolution on the profit corporation and then file Articles of Incorporation for a non profit corporation along with a letter or affidavit that you do not have any intention of revoking the dissolution releasing the name.

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) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

Letter Number: 410A00023433

COVER LETTER

2

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

SUBJECT: SILOYE CHRISTIAN ACADEMY 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: ALOURDES B PIERRE

Name (Printed or typed)

1519 NE 124TH STREET

Address

MIAMI, FLORIDA 33161

City, State & Zip

786-443-3497

8325 NE 83rd Ave. Phone number

E-mail address: (to be used for future annual report notification)

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

April 8, 2011

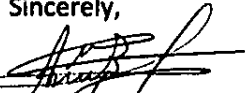
Florida Department of State
Division of Corporation
PO BOX 6327
Tallahassee, FL 32314

RE: P10000034559

To Whom It May Concern:

We will not revoke the dissolution of Siloye Christian Academy Inc; P1000034559, therefore we are releasing the name.

Sincerely,



Alourdes Pierre X
President

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

ARTICLE I NAME

The name of the corporation shall be:

SILOYE CHRISTIAN ACADEMY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

8325 NE 2ND AVENUE

MIAMI, FL 33138

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CHRISTIAN EDUCATION

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

BYWAY OF BOARD OF DIRECTOR VOTE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALOURDES PIERRE - PRESIDENT Name and Title: _____

Address: 1519 NE 124TH STREET Address: _____
MIAMI, FL 33161

Name and Title: MATHIEUX PIERRE - TREASURY Name and Title: _____

Address: 1519 NE 124TH STREET Address: _____
MIAMI, FL 33161

Name and Title: FREDLIETTE BERNARD - SECRETARY Name and Title: _____

Address: 1890 NE 123RD STREET Address: _____
MIAMI, FL 33181

ARTICLE VI REGISTERED AGENT

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

Name: ALOURDES PIERRE

Address: 1519 124TH STREET
MIAMI, FL 33161

ARTICLE VII INCORPORATOR

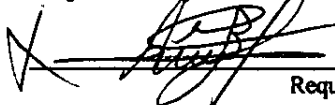
The name and address of the Incorporator is:

Name: ALOURDES PIERRE

Address: 1519 124TH STREET
MIAMI, FL 33161

FILED
APR 14 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

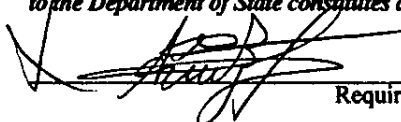
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent


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


Date