

N/1000005735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

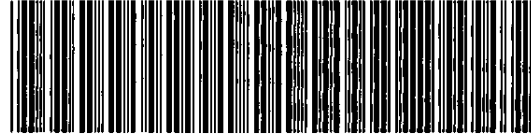
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

h 06/14/11

## COVER LETTER

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

SUBJECT: **SAMARITA, 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: **MARYSE BEGEIN**

Name (Printed or typed)

**804 MENDOZA DRIVE**

Address

**KISSIMMEE, FL 34758**

City, State & Zip

**407-346-1590**

804 MENDOZA DRIVE  
Tallahassee, FL 32314  
Telephone number

**SAMARITINC@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

SAMARITA, INC.

The name of the corporation shall be:

## ARTICLE II PRINCIPAL OFFICE

Principal street address

804 MENDOZA DRIVE

KISSIMMEE, FL 34758

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO DO GOOD UNTO OTHERS. TO SERVE, SUPPORT AND EMPOWER INDIVIDUALS AND COMMUNITIES THROUGH EDUCATION AND CHARITABLE SERVICES.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

IN THE MANNER SPECIFIED IN BYLAWS, EVERY 3 YEARS, 6 DIRECTORS SHALL BE ELECTED BY MEMBERS AND 1-5 OTHERS MAY BE APPOINTED BY THE BOARD.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARYSE BEGEIN, PRESIDENT

Address: 804 MENDOZA DRIVE  
KISSIMMEE, FL 34758

Name and Title: JEAN EDDIE DANTHIER, TREASURER

Address: 3130 KOVAL CT  
ORLANDO FL, 32837

Name and Title: RICHARD BEGEIN, VICE PRESIDENT

Address: 804 MENDOZA DRIVE  
KISSIMMEE, FL 34758

Name and Title: JUSTIN BONNY, ASSISTANT TREASURER

Address: 765 STONEWYCK CT  
KISSIMMEE, FL 34744

Name and Title: ODETTE BONNY, SECRETARY

Address: 765 STONEWYCK CT  
KISSIMMEE FL, 34744

Name and Title: MAYA NELSON, ASSISTANT SECRETARY

Address: 804 MENDOZA DRIVE  
KISSIMMEE, FL 34758

## ARTICLE VI REGISTERED AGENT

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

Name: MARYSE BEGEIN

Address: 804 MENDOZA DRIVE  
KISSIMMEE, FL 34758

## ARTICLE VII INCORPORATOR

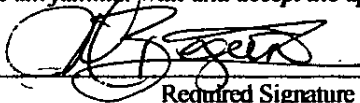
The name and address of the Incorporator is:

Name: MARYSE BEGEIN

Address: 804 MENDOZA DRIVE  
KISSIMMEE, FL 34758

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11 JUN 13 PM 3:50  
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

6/9/11

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

6/9/11

Date