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| (Re | equestor's Name) | | | | |
|---|-------------------|-------------|--|--|--|
| (Address) | | | | | |
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| (Cit | ty/State/Zip/Phon | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Na | me) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificate | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

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

| • | | | |
|-------------------------|--|--|--|
| SUBJECT: The El | Shaddaï International (PROPOSED CORPORAT | Mission For Socia E NAME – <u>MUST INCL</u> | Transformation,Inc |
| Enclosed is an original | and one (1) copy of the Artic | eles of Incorporation and | d 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 C | OPY REQUIRED |
| FROM: | Marmontel Max Pie | erre | _ |
| | 49 Broadway Circ | | _ |
| | Fort Myers, Florid | la 33901 tate & Zip | _ |
| | Daytime Tel | ephone number | _ |

Pierremaxpas@hotmail.com

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

September 30, 2011

MARMONTEL MAX PIERRE 49 BROADWAY CIRCLE FORT MYERS, FL 33901

SUBJECT: THE EL SHADDAI INTERNATIONAL MISSION FOR SOCIAL

TRANSFORMATION

Ref. Number: W11000050542

We have received your document for THE EL SHADDAI INTERNATIONAL MISSION FOR SOCIAL TRANSFORMATION and your check(s) totaling \$87.50. 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.

Please use only letters and symbols on the English keyboard.

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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 511A00022573



FLORIDA DEPARTMENT OF STATE Division of Corporations

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October 13, 2011

MARMONTEL MAX PIERRE 49 BROADWAY CIRCLE FORT MYERS, FL 33901

SUBJECT: EL SHADDAI INTERNATIONAL GOSPEL MISSION, INC.

Ref. Number: W11000050542

We have received your document for EL SHADDAI INTERNATIONAL GOSPEL MISSION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please use only letters and symbols on the English keyboard.

The registered agent must sign accepting the designation.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 011A00023493

www.sunbiz.org

Division of Company ions DO DOV (2007 Mallaharan Ellavida 2021)

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

| ARTICLE I The name of the co | NAME El Shaddar Internation proporation shall be: El Shadda | nal Gospel Mi | ssion, Inc | | |
|---|--|------------------------|------------------------------------|--------------------------|--|
| ARTICLE II | PRINCIPAL OFFICE | 1 | | | |
| Principal street address | | | Mailing address, if | different is: | |
| | 3132 Palm Avenue | _ | 49 Broadway Circle | | |
| | Fort Myers , Florida 33901 | | Fort Myers, FL 33901 | E # '8 * | |
| | | _ | t | | |
| ARTICLE III | PURPOSE | | | 注图 8 元 | |
| | hich the corporation is organized is: | | | | |
| • • | port School, church & orphanage A | rticles | | Second Second | |
| portand Ex | ر مارون مارون مارون من مارون | 110100 | | | |
| A 14. | a leed of 111 | 0/ | | | |
| A Hon | reless' Rehabilition | PICICO | <u> </u> | \$5 £ | |
| ARTICLE IV | MANNER OF ELECTION The manner in | which the directo | rs are elected and appointed: | S S | |
| Elections | | , | •• | ži. | |
| ARTICLE V | INTELL OFFICIERS AND OR DIRECTO | | | , | |
| | INITIAL OFFICERS AND/OR DIRECTO tle: Lorna François, President | | e: <u>Dr. Oreste Julien, Secre</u> | stani | |
| Address: | 3541 Evans Avenue E101 | Name and This Address: | 41-1 Harbor Drive | tary | |
| | Fort Myers, FL 33901 | | Cleymont, Delaware 19 | 703 | |
| | | _ _ | | | |
| 3.7 1 mm | of Modifica Laborato MD | | | | |
| Name and 11 Address: | tle:Mydline Lajeune, VP | | e: Lange Pierre, Member | | |
| Audiess. | Fort Myers, FL 33901 | Address: | 107 High Street Everett, MA 02149 | | |
| | TOIL MIVE S. I'L 33901 | | Everett, IVIA 02149 | | |
| | | - | | | |
| | tle: Marie Mode Alcénat, VP | | e: Rodna Choute, Treasur | | |
| Address: 1324 N. E. 25th Street | | _ Address: | Address: 5009 Brook Field Street | | |
| | Cape Coral, Florida 33917 | _ | Lehigh Acres, Florida 3 | 39/1 | |
| ADDICE D IT | | _ | | <u> </u> | |
| ARTICLE VI | REGISTERED AGENT | 0.1 | • | | |
| Name: | rida street address (P.O. Box NOT acceptable) o <u>Judith Pierre</u> | t the registered ago | ent is: | | |
| Address: | 4141 Deleon Street | _ | | | |
| ridaless, | Fort Myers, Florida 33901 | _ | | | |
| | TOLLINYCIS, TIONGA 50501 | _ | | | |
| 4 D D D D D D D D D D D D D D D D D D D | | _ | | | |
| ARTICLE VII | INCORPORATOR | | | | |
| Name: | ress of the Incorporator is: Rev. Marmontel Max Pierre | | | | |
| Address: | 49 Broadway Circle | _ | | | |
| radicos, | Fort Myers, Florida 33901 | _ | | • | |
| | | _ | | | |
| | | _ | | | |
| Having been name | d as registered agent to accept service of proce | ess for the above | stated corporation at the plac | e designated in this | |
| certificate, I am fan | niliar with and accept the appointment as register | ed agent and agre | e to act in this capacity | 1 / ba | |
| . // | i D. | | 00/04/0044 | Last UVON | |
| - Jud | ich there | · | 09/24/2011 | | |
| , | Required Signature of Registered Agent | | Date | 1 90a1141ca- | |
| I submit this docum | nent and affirm that the facts stated herein are to | W. I am aware th | at any false information subm | nitted in a document Lim | |
| to the Department o | f State constitutes a third degree felony as provid | ed for in s.817.15. | 5. F.S. | . ** | |
| - | | • | Of on 9 | valle on tim | |
| | W VV | | 09/24/2011 | - with contrar | |
| | Required Signature of Incorporator | | Date | | |