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W12-8272

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SECRETARY OF STATE
TAMPAH, FL 33604

T Burch FEB 29 2012

COVER LETTER

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

SUBJECT: ORGANISATION D'AIDE AUX DEMUNIS DU SUD (OADS)
(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: ORGANISATION D'AIDE AUX DEMUNIS DU SUD
Name (Printed or typed)

15440 TEMPLE BLVD
Address

LOXAHATCHEE FL.33470
City, State & Zip

(561)856-5978
Daytime Telephone number

CNONCENT12@GMAIL.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

RECEIVED
12 FEB 28 AM 11:17
DIVISION OF CORPORATIONS

February 10, 2012

JEANNE GANA DESROSIERS
15440 TEMPLE BLVD
LOXAHATCHEE, FL 33470

SUBJECT: ORGANISATION D'AIDE AUX DEMUNIS DU SUD
Ref. Number: W12000008272

We have received your document for ORGANISATION D'AIDE AUX DEMUNIS DU SUD 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 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) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 812A00006196

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

ARTICLE I. NAME

The name of the corporation shall be:

ORGANISATION D'AIDE AUX DEMUNIS DU SUD **CORP**

ARTICLE II. PRINCIPAL OFFICE

Principal street address

15440 TEMPLE BLVD

LOXAHATCHEE FL 33470

Mailing address, if different is:

ARTICLE III. PURPOSE

The purpose for which the corporation is organized is:

OUR MAIN GOAL IS TO CREATE A COMMUNITY CENTER TO PROVIDE GOOD HEALTH TO OUR POPULATION IN NEED.

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

THE DIRECTOR IS ELECTED BY THE VOTES OF THE MEMBERS.

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PIERRE ROLLANT FANFAN PRESIDENT

Address: 190 CATANIA WAY
ROYAL PALM BEACH FL.33411

Name and Title: CLAUDE NONCENT ASSISTANT MANAGER

Address: 15440 TEMPLE BLVD
LOXAHATCHEE FL.33470

Name and Title: JEANNE GANA DESROSIER VICE PRESIDENT

Address: 15440 TEMPLE BLVD
LOXAHATCHEE FL.33470

Name and Title: RONALD HILAIRE DELEGUE

Address: 58 NE 45 STREET
MIAMI FL.33137

Name and Title: FRANCOIS NOCENT MANAGER GENERAL

Address: 1012 INDIAN TRACE CR APT 301
WEST PALM BEACH FL.33407

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: PIERRE ROLLANT FANFAN

Address: 190 CATANIA WAY
ROYAL PALM BEACH FL.33411

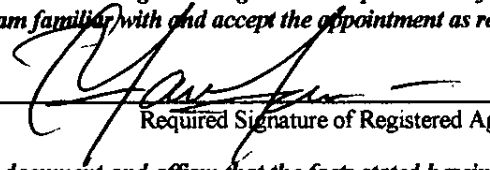
ARTICLE VII. INCORPORATOR

The name and address of the Incorporator is:

Name: JEANNE GANA DESROSIER

Address: 15440 TEMPLE BLVD
LOXAHATCHEE FL.33470

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

02/04/2012

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

02/04/2012

Date

FILED
12 FEB 28 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA