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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	·····



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02/16/12--01029--018 **87.50

W12000009591

Office Use Only

513-2295.611-619



COVER LETTER

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

SUBJECT: Elohi	m Children's Cento (PROPOSED CORPORATI	C E NAME – <u>MUST INCL</u> I	UDE SUFFIX)		
Enclosed is an original \$70.00 Filing Fee	and one (1) copy of the Artic \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate		
FROM:	6500 Arbor Dr	ited or typed)		J	
	Miramar, FL 3302	ate & Zip		12 MAR 13 PH 3: 51	WANGALOR OF MANAGEMENT
	frantz77hellsout	h net		Š	_

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

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



MEGEIVEB

12 MAR 13 AM 11:

NOTEN TO THE STREET

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 17, 2012

NISETTE B JEAN-PIERRE 6500 ARBOR DRIVE MIRAMAR, FL 33023

SUBJECT: ELOHIM CHILDREN'S CENTER

Ref. Number: W12000009591

We have received your document for ELOHIM CHILDREN'S CENTER 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.

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 812A00007360

12 MAR 13 PM 3: 51.

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

ARTICLE II	PRINCIPAL OFFICE	SECHLIAPY OF STATE
	Principal street address	Mailing address, if different is: 12 MAR 13 PM 3: 5
	6500 Arbor Dr	12 MAR 13 PM 3.5
	Miramar, FL 33023	
ARTICLE III	PURPOSE	
he purpose for v	which the corporation is organized is:	
organized under to Children, Church, nternationally. Th	he Non-profit Public Benefit Corporation Laws fo Economic Development, and other ministries to	is organized to spread the Gospel of the Lord Jesus Christ. The corporation is or Religious purposes. To establish structured support service for Needy o support the outreaches of the Body of Christ (Church) both locally and evelopment Program, but, shall not be limited to: Youth At Risk, Health Care, and Food & Clothing Distribution.
LRTICLE IV	MANNER OF ELECTION The mann	ner in which the directors are elected and appointed:
The directors are	elected in accordance with the by-laws. Th	he name and address of persons appointed as the initial directors are:
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	
	itle: Nisette B. Jean-Pierre (P) (D)	
Address:	6500 Arbor Dr Miramar, FL 33023	Address:
	Williamai, FL 33023	
	, , , , , , , , , , , , , , , , , , , 	
Name and T	'itle:Frantz Dieudonne (VP) (D)	Name and Title:
Address:	6500 Arbor Dr	Address:
	Miramar, FL 33023	,
		
Name and T	"itle: Vurnee Lavache (Sacr & Treas) (Ad	wisof) Name and Title:
Address:	11291 Sunview Way	
7tdd1033.	Cooper City, FL 33026	. 1461400.
	REGISTERED AGENT	Jo) of the registered agent in
he <u>name and Fk</u>	orida street address (P.O. Box NOT acceptable	
ne <u>name and Fle</u> Name:	nrida street address (P.O. Box NOT acceptable Nisette B. Jean Pierre	
ne <u>name and Fk</u>	Prida street address (P.O. Box NOT acceptable Nisette B. Jean Pierre 6500 Arbor Dr	
ne <u>name and Fle</u> Name:	nrida street address (P.O. Box NOT acceptable Nisette B. Jean Pierre	
ne <u>name and Fk</u> Name: Addr e ss:	Nisette B. Jean Pierre 6500 Arbor Dr Miramar, FL 33023	
ne <u>name and Fk</u> Name: Address: RTICLE VII	Nisette B. Jean Pierre 6500 Arbor Dr Miramar, FL 33023 INCORPORATOR	
ne name and Fk Name: Address: RTICLE VII ne name and ad	Nisette B. Jean Pierre 6500 Arbor Dr Miramar, FL 33023 INCORPORATOR dress of the Incorporator is:	
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