

N12000007922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

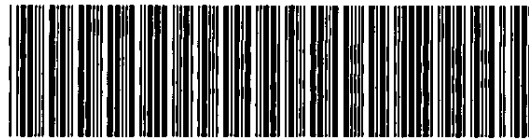
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

AK K 08/16/12

## COVER LETTER

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

SUBJECT: MISSION OF FRATERNITY OF HAITI 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: ANDRE JEAN-BART

Name (Printed or typed)

2907 HIGHTOWER AVE

Address

SOUTH LEHIGH ACRCES

City, State & Zip

33973 FL.

Daytime Telephone number

missionfraternity@hotmail.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**

The name of the corporation shall be:

**MISSION OF FRATERNITY OF HAITI INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2907 HIGHTOWER  
SOUTH LEHIGH ACRES FL 33973

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

OUR GOAL IS TO HAVE AN ORPHANAGE FOR 50 KIDS FEED, SCHOOLING, CLOTHING, AND A HEATH CENTER FOR COMMUNITY IDENTITY AND ADDRESSCOMMON COMMUNITY NEEDS NOW WE HAVE 50 KIDS WITH 4 LIVE IN ASSISTANS

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

AS PROVIDED FOR IN BYLAW

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MARGARET JEAN-BART VP.  
Address: 2907 HIGHTOWER AVE  
SOUTH LEHIGH ACRES  
33973

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: ANDRE JEAN-BART P.  
Address: 2907 HIGHTOWER AVE  
SOUTH LEHIGH ACRES  
33973

Name and Title: PILAR PEREZ SECRETARY  
Address: 2722 MADISON ST.  
HOOPLYWOOD FL.  
33020

Name and Title: DEROSIER LUCKNER TREASURY  
Address: 2722 MADISON AVE  
HOLLYWOOD FL. 33020

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

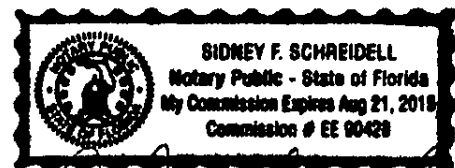
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ANDRE JEAN-BART  
Address: 2907 HIGHTOWER AVE  
SOUTH LEHIGH ACRES FL  
33973

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARGARET JEAN-BART  
Address: 2907 HIGHTOWER AVE  
SOUTH LEHIGH ACRES FL  
33973



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

Andre Jean-Bart  
Required Signature of Registered Agent

8-7-2012

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.817.135, F.S.

Margaret Jean-Bart  
Required Signature of Incorporator

8-7-2012

Date