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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

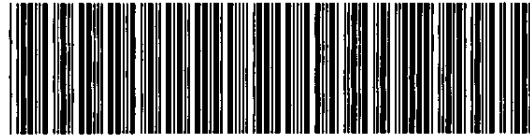
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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## COVER LETTER

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

SUBJECT: Eglise De Dieu Debora Love And Compassion 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: Marie V Lumaine  
Name (Printed or typed)

4849 Judy Ann Court  
Address

Orlando Florida 32808  
City, State & Zip

407-403-0884  
4849 Judy Ann Court Telephone number

c.schurman@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**

The name of the corporation shall be:

Eglise De Dieu Debora Love And Compassion INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4849 Judy Ann Court

Orlando Florida

zip code 32808

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The Purpose is religious and charitable

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

set forth in By-Laws

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

Name and Title: Marie V Lumaine CEO/President

Name and Title:

Address: 4849 Judy Ann Court

Address:

Orlando Florida 32808

Name and Title: Rose Dmukoka/ Vice President

Name and Title: Frantz Lumaine/Treasurer

Address: 1040 OLA DR #2  
Orlando, Florida  
32808

Address: 1770 Lake Ridge Rd  
Orlando, FL  
32808

Name and Title: Ann Dethel/Secretary

Name and Title:

Address: 6143 SELLINGER NL  
Orlando, FL  
32808

Address:

**ARTICLE VI REGISTERED AGENT**

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

Name: Marie V Lumaine

Address: 4849 Judy Ann Court

Orlando Florida 32808

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Marie V Lumaine

Address: 4849 Judy Ann Court

Orlando Florida 32808

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

MARIE V. LUMAINE

Required Signature of Registered Agent

10/04/2012

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.

Marie V. Lumaine

Required Signature of Incorporator

10/04/2012

Date

12 OCT -9 AM 10:50