

N1200000D9669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

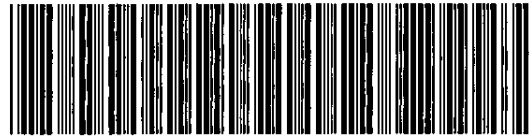
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: EGLISE SUPPORT ASSEMBLEE' DE DIEU INDEPENDENT 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: Lundi Jora
Name (Printed or typed)

4849 Judy Ann Court
Address

Orlando Florida 32808
City, State & Zip

407-535-2631

4849 Judy Ann Court
Daytime Telephone number

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 SUPPORT ASSEMBLEE' DE DIEU INDEPENDENT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

4849 Judy Ann Court

Orlando Florida 32808

Mailing address, if different is:

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: Lundi Jora CEO/President

Address: 4849 Judy Ann CT

Orlando Florida 32808

Name and Title: Jeamy Alexis Treasurer

Address: 4849 Judy Ann CT

Orlando, FL 32808

Name and Title: Meus Thellismand Vice President

Address: 6817 thoi sand oaks

Orlando, FL
32818

Name and Title: _____

Address: _____

Name and Title: Esther Luc Secretary

Address: 2098 W 4 net ka

Orlando, FL 32818

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: Lundi Jora

Address: 4849 Judy Ann CT

Orlando Florida 32808

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lundi Jora

Address: 4849 Judy Ann CT

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

Lundi JORA

Required Signature of Registered Agent

October 1, 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.

[Signature]
Required Signature of Incorporator

October 1, 2012

Date

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