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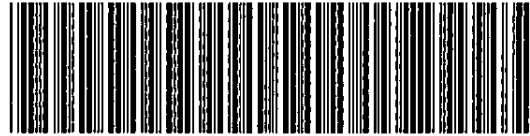
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 26 2012

COVER LETTER

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

SUBJECT: EGLISE BAPTISTE ROCHER MIRACLE, 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: REV. FRANTZ F JEAN
Name (Printed or typed)

3830 NW 179 STREET
Address

MIAMI, FLORIDA 33055
City, State & Zip

305-454-2806
Daytime Telephone number

excelpatrol@excelpatrol.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 BAPTISTE ROCHER MIRACLE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

14901 NW 7th Ave
MIAMI, FLORIDA 33168

Mailing address, if different is:

13798 NE 11 Ave
MIAMI, FLORIDA 33161

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To seek the lost souls. To educate the youth spiritually and train the adults to work the field of lost souls to win them for the kingdom of Jesus-Christ. To form a church for God function of evangelism and edification, and to be a community through which the word of God may be revealed.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rev. Frantz F Jean P/D

Address: 3830 NW 179 Street
MIAMI, FLORIDA 33055

Name and Title: DENISE PETIT FRERE VP/D

Address: 15781 NE 14 CT
MIAMI, FLORIDA 33162

Name and Title: Mimose Cherenfant T/D

Address: 4103 NW 70 Way
Coral Spring, FL 33065

Name and Title: Jacques Regis Assist/T/D

Address: 1840 NE 167 Street
Miami, FL 33162

Name and Title: DANNY MAURICE S/D

Address: 141 SW 168 TER
PEMBROKE PINES, FL 33037

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: MONIQUE V JEAN

Address: 3830 NW 179 STREET
MIAMI, FL 33055

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Rev. Frantz F Jean

Address: 3830 NW 179 STREET
MIAMI, FL 33055

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

[Signature]
Required Signature of Registered Agent

11/16/12
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

11.19.12
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA