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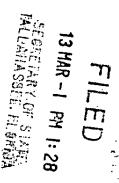
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## **COVER LETTER**

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

SUBJECT: BLESSED JAMES T. HOLLY EPISCOPAL MISSION INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original a	ind one (1) copy of the Ai	ticles 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 CO	PY REQUIRED

FROM: SEAN - CLAWE NORMIL SANON
Name (Printed or typed)

79 W PLUMOSA LANE
Address

LAKE WORTH, FL 33467
City, State & Zip

(561) 572 - 1402
Daytime Telephone number

Llaude 22 Chot mail. com
Entail 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)

The name of	of the corporation shall be: BLESSED JAMES T. HOLLY EPISCOPAL MI	SSION, INC.
ARTICLE	II PRINCIPAL OFFICE	
	Principal street address: Mailing address, if different is	<b>:</b>
	C/O SAINT MATTHEWS EPISCOPAL CHURCH	
4	104 SW 3RD STREET	
$\overline{\mathcal{D}}$	DELRAY BEACH, FL 33444	
ARTICLE The purpose	e for which the corporation is organized is: <u>To minister within the Confin</u>	es of a
Congre disci,	egation in Delray Boach according to the faith and pline of the Episcopal Church in the Episcopal	nd '
20100	ese of South East Florida.	
	<u>'</u>	
<del>-</del>		<u> </u>
a bo	The manner in which the directors are elected and appointed:  alloting procedure once a year.  I Initial officers and/or directors	<u> </u>
Nome and 7	Title: JEAN- Claude N. SANON, PRETINGINAME and Title:	3 HR -1
	79 W PLUMOSA LANE Address:	
Address	LAKE WORTH	二年 生
	FLORIDA 33467	1:28
Name and T	Title: Santia Narcisse, SecieTARY Name and Title:	
Address	5885 Lincoln Cir. Address:	-
	WEST, LAKE WORTH	<del></del>
	FLORIDA 33463	
Name and 1	Title: VLadimir NARCISSE TREASURONIAME and Title:	
Address	5885 LINCOLN CIR. Address:	
	WEST, LAKE WORTH	
	FLORINA 33463	<del></del>

Name and Title:		Name and Title:	FILED
Address • _		Address:	•
_			13 MAR - I PM 1: 28
_			SECKETARY OF STARP TALL, AND ASSEE, BLORIER
		N. LITTIA	
Name and Title:		Name and Title:	
Address _		Address:	· · · · · · · · · · · · · · · · · · ·
-			
_			
ARTICLE VI	REGISTERED AGENT		
The <u>name and F</u>	lorida street address (P.O. Box NOT acc		
Name:	santia Narcis	<u>se</u>	·
Address:	5885 Lincoln Ci	17 60	
	Lake worth, FL	33463	
ARTICLE VII	INCORPORATOR  Idress of the Incorporator is:	,	
Name:	JEAN-CLANDE N. SA	HNON	
Address:	79 W PLUMOSA LAN	Ε	
	LAKE WORTH, FLORING	a 33467	
Having been na certificate, I am	med as registered agent to accept service familiar with and accept the appointment	e of process for the above stated corpor as registered agent and agree to act in t	ration at the place designated in this his capacity
South	a Narcisse		2/17/13
	Required Signature of Registere	ed Agent	Date
I submit this doc to the Departme	ument and affirm that the facts stated he nt of State constitutes a third degree felon	rein are true. I am aware that any false ( y as provided for in s.817.155, F.S.	information submitted in a document
	Hawn	•	02/17/13
	Required Signature of Inco	orporator	Date