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SECRETARY OF STATE
TALLAHASSEE, FL 32304

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 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: JEAN-CLAUDE NORMIL SANDON
Name (Printed or typed)

79 W PLUMOSA LANE
Address

LAKE WORTH, FL 33467
City, State & Zip

(561) 572-1402
Daytime Telephone number

jclaudes22@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: BLESSED JAMES T. HOLLY EPISCOPAL MISSION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

C/O SAINT MATTHEWS EPISCOPAL CHURCH
404 SW 3RD STREET
DELRAY BEACH, FL 33444

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To minister within the confines of a
Congregation in Delray Beach according to the faith and
discipline of the Episcopal Church in the Episcopal
Diocese of South East Florida.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Through
a balloting procedure once a year.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEAN-CLAUDE N. SANON, President Name and Title: _____

Address 79 W PLUMOSA LANE Address: _____
LAKE WORTH
FLORIDA 33467

Name and Title: SANTIA NARCISSE, SECRETARY Name and Title: _____

Address 5885 LINCOLN CIR. Address: _____
WEST, LAKE WORTH
FLORIDA 33463

Name and Title: VLADIMIR NARCISSE, Treasurer Name and Title: _____

Address 5885 LINCOLN CIR. Address: _____
WEST, LAKE WORTH
FLORIDA 33463

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: SANTIA NARCISSE

Address: 5885 LINCOLN CIR W
LAKE WORTH, FL 33463

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JEAN-CLAUDE N. SANON

Address: 79 W PLUMOSA LANE
LAKE WORTH, FLORIDA 33467

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

Santia Narcisse
Required Signature of Registered Agent

2/17/13
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

02/17/13
Date