

N/3000002576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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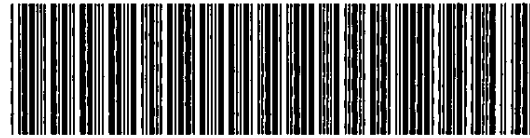
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

h 03/18/13

COVER LETTER

36-3992901

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

SUBJECT: PROJECT 2000 INTERNATIONAL INC

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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PROJECT 2000 INTERNATIONAL INC

Name (printed or typed)

11471 SW HILLCREST CIRCLE

Address

PORT ST LUCIE, FL 34087

City, State & Zip

312-735-6197

Daytime Telephone Number

INFO@PROJECT2000INTERNATIONAL.ORG

E-mail address: (to be used for future annual report notification)

**NOT FOR PROFIT
CERTIFICATE OF DOMESTICATION**

The undersigned, JACOB FRANCOIS, FOUNDER
(Name) (Title)
of PROJECT 2000 INTERNATIONAL INC a foreign Corporation
(Corporation Name)

in accordance with section 617.1803, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was 04/04, 1996.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was ILLINOIS.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was PROJECT 2000 INTERNATIONAL INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 617.01201 and 617.0202 with this certificate is PROJECT 2000 INTERNATIONAL INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was _____.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.

I am JACOB FRANCOIS, of PROJECT 2000 INTERNATIONAL INC

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 12TH day of MARCH, 2013.


(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S. (Not for Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

PROJECT 2000 INTERNATIONAL INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address shall be:

Principal Address

Mailing Address

6780 SUNSET STRIP

11471 SW HILLCREST CIRCLE

SUNRISE, FL 33313

PORT ST LUCIE, FL 34987

ARTICLE III PURPOSE

The purpose for which the corporation is organized:

Project 2000 international inc, is organized exclusively for charitable religious, educational and scientific purposes, including for such purposes the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the internal revenue code or corresponding section of any future federal tax code

Upon dissolution of project 2000 international inc, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the internal revenue code or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government for a public purpose. Any such assets not disposed of by the court of common pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

*The directors are elected by the member at an annual meeting
for a renewable term of 3 years.*

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

The name(s) and address(es) and specific title(s):

Title/Name

MAJOLIE ZEPHIRIN

9529 SHADOW LANE

FORT PIERCE, FL 34951

Title/Name

JACOB FRANCOIS

11471 SW HILLCREST CIRCLE

PORT ST LUCIE, FL 34987

Title/Name

FATON FRANCOIS

9529 SHADOW LANE

FORT PIERCE, FL 34951

Title/Name

PRESIDENT

Title/Name

VICE-PRESIDENT

Title/Name

TREASURER

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TALLAHASSEE, FLORIDA

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JACOB FRANCOIS

11471 SW HILLCREST CIRCLE

PORT ST LUCIE, FL 34987

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

JACOB FRANCOIS

11471 SW HILLCREST CIRCLE

PORT ST LUCIE, FL 34987

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TALLAHASSEE, FLORIDA

Having been named as registered agent and 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.

Jacob Francois
Signature/Registered Agent

3-12-13
Date

Jacob Francois
Signature/Incorporator

3-12-13
Date