

N130000003054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

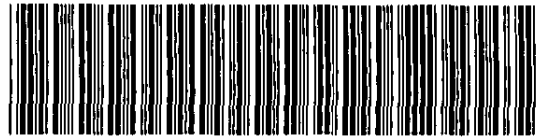
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 MAR 29 PM 1:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: EGLISE ASSEMBLEE DES SAINTS 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 RAYMOND GEORGES
Name (Printed or typed)

1173 OSPREY WAY
Address

APOPKA FLORIDA 32712
City, State & Zip

407-731-6181
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 ASSEMBLEE DES SAINTS INC

FILED

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

1173 OSPREY WAY

Mailing address, if different is

APOPKA FLORIDA 32712

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized 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: JEAN R GEORGES -CEO

Address: 1173 OSPREY WAY
APOPKA FL 32712

Name and Title: LUCIENNE TIMOLIEN-TREASURER

Address: 4397 TEXAS AVE
ORLANDO FL 32839

Name and Title: JULIENNE GEORGES -VP

Address: 1173 OSPREY WAY
APOPKA FL 32712

Name and Title: SOREL VOLCY-TRUSTEE

Address: 2036 MERCY DRIVE
FLORIDA 32839

Name and Title: PRIMEROSE LATIQUE -SECRETARY

Address: 1834 CARDEN CT.
ORLANDO FL 32818

Name and Title: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED

13 MAR 29 PM 1:40

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:

JEAN R GORGES

Address:

1173 OSPREY WAY

APOPKA FL 32712

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

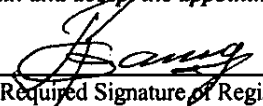
JEAN R GEORGES

Address:

1173 OSPREY WAY

APOPKA FL 32712

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


Required Signature of Registered Agent

03/20/2013

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.


Required Signature of Incorporator

03/20/2013

Date