

N13000009444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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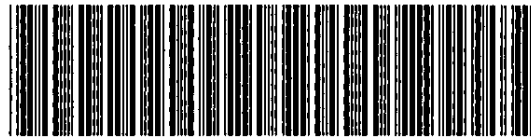
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: True Vine Family Reunion, 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: Ernestine Saint Louis
Name (Printed or typed)

1119 Bohac Ln
Address

Accokeek, MD 20607
City, State & Zip

954-662-0324
Daytime Telephone number

grandfamreunion@gmail.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: True Vine Family Reunion, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
132 Colly Way

North Lauderdale, FL 33068

Mailing address, if different is:
1119 Bohac Ln

Accokeek, MD 20607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The objective of this reunion is to meet,
fellowship, socialize, and become acquainted with the descendants of this
lineage and their connections. The purpose of this organization is to reunite
family members and to enhance the growth and development of family unity.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: This body shall
hold an election of officers every four years during its regular scheduled reunion meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ernestine Saint Louis, President

Address: 1119 Bohac Ln
Accokeek, MD 20607

Name and Title: RickJalene Ministre, Vice-President

Address: 5324 NW 15th Ct
Lauderhill, FL 33313

Name and Title: Gracious Ministre, Secretary

Address: 5324 NW 15th Ct
Lauderhill, FL 33313

Name and Title: RickSalem Ministre, Treasurer

Address: 104 Wiley Parc Circle
Woodstock, GA 30188

Name and Title: Joanne Ministre, Assistant Secretary

Address: 5324 NW 15th Ct
Lauderhill, FL 33313

Name and Title: _____

Address: _____

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OCT 17 2006
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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Rickenson Ministre

Address: 132 Colly Way

North Lauderdale, FL 33068

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ARTICLE VII INCORPORATOR

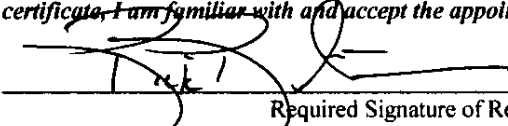
The name and address of the Incorporator is:

Name: Ernestine Saint Louis

Address: 1119 Bohac Ln

Accokeek, MD 20607

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

10/14/13

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.



Required Signature of Incorporator

10/15/13

Date