

N1300001156

(Requestor's Name)

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(City/State/Zip/Phone #)

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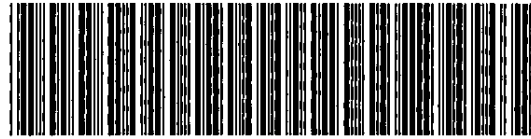
(Business Entity Name)

(Document Number)

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## COVER LETTER

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

**SUBJECT:** FEDERATION DES ANCIENS DE REGINA ASSUMPTA, 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:** FEDERATION DES ANCIENS DE REGINA ASSUMPTA, INC.  
Name (Printed or typed)

335 NW 153rd Lane  
Address

Pembroke Pines, FL 33028  
City, State & Zip

954-558-8793  
Daytime Telephone number

al\_mayungbe@yahoo.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: FEDERATION DES ANCIENS DE REGINA ASSUMPTA, INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:

335 NW 153rd Lane

Pembroke Pines, FL 33028

Mailing address, if different is:

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**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: The corporation is organized for the purpose of  
facilitating the establsihment of surrealistic partnership between businesses,  
schools and other governmental entities for the love of families and the  
community. The corporation is organized and shall be operated exclusively for  
charitable, educational and scientific purposes. Including for such purposes as the  
making of distributions to organizations that qualify as exempt organizations  
under section 501(c)(3) of the Internal Revenue Code .

**ARTICLE IV    MANNER OF ELECTION** The manner in which the directors are elected and appointed: By simple  
majority vote of all active members.

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Lucette Bruno Lerouge, P  
Address: 335 NW 153rd Lane  
Pembroke Pines, FL 33028

Name and Title: Reseda Celestin, VP  
Address: 335 NW 153rd Lane  
Pembroke Pines, FI 33028

Name and Title: Marguerite Mompremier, S  
Address: 335 NW 153rd Lane  
Pembroke Pines, FL 33028

Name and Title: Moncy, Reole, AS  
Address: 335 NW 153rd Lane  
Pembroke Pines, FL 33028

Name and Title: Genevieve Casseus, T  
Address: 335 NW 153rd Lane  
Pembroke Pines, FL 33028

Name and Title: Gaby Chery, D  
Address: 335 NW 153rd Lane  
Pembroke Pines, FL 33028

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: Albert A. Mayungbe, CPA  
 Address: 111 NW 183rd Street, #402  
Miami, FL 33169

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lucette Bruno Lerouge  
 Address: 335 NW 153rd Lane  
Pembroke Pines, FL 33028

*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

12/13/2013  
 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.*

Lucette Bruno Lerouge  
 Required Signature of Incorporator

12/13/2013  
 Date