

N140000002126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

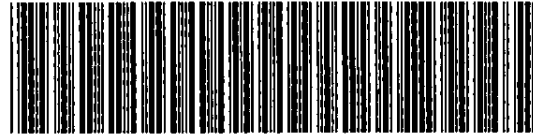
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DIVISION OF CORPORATIONS
14 FEB 26 AM 8:22

COVER LETTER

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

SUBJECT: **Bridging Communities, 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: **Anozaire Orius**

Name (Printed or typed)

2000 North Florida Mango Road, Suite 207

Address

West Palm Beach, Florida 33407

City, State & Zip

561-541-1394

Daytime Telephone number

orius_a@yahoo.fr

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: Bridging Communities, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

2000 North Florida Mango Road, Suite 207

West Palm Beach, Florida 33409

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To assist individuals in becoming self-sufficient
by offering counseling, education and other supportive services. To provide
services consistent with any and all lawful businesses.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

As provided for in the by-laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anozaire Orius, President

Address: 5865 Caribbean Blvd, Suite 601
West Palm Beach, Florida 33407

Name and Title: _____

Address: _____

Name and Title: Daniella Orius, Secretary

Address: 2866 Tennis Club Dr, Apt 103
West Palm Beach, Florida 33417

Name and Title: _____

Address: _____

Name and Title: Jean Enock Bruny, Treasurer

Address: 4650 North Congress Ave
West Palm Beach, Florida 33407

Name and Title: _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 26 AM 8:23

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: Anozaire Orius

Address: 5865 Caribbean Blvd, Suite 601
West Palm Beach, Florida 33407

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anozaire Orius

Address: 5865 Caribbean Blvd, Suite 601
West Palm Beach, Florida 33407

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

Anozaire Orius
Required Signature of Registered Agent

2/24/2014

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.

Anozaire Orius
Required Signature of Incorporator

2/24/2014

Date

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