

N 140000003785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

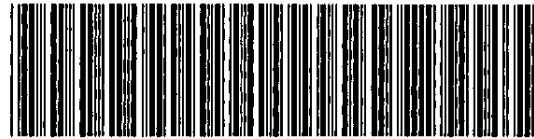
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 17 PM 4:15

COVER LETTER

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

SUBJECT: **HORIZON PLUS EVANGELIC 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: **Luc Valmont**

Name (Printed or typed)

201 24th. Court SW.

Address

Winter Haven, Florida 33880

City, State & Zip

863-521-6665

Daytime Telephone number

luvalhorplus@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: HORIZON PLUS EVANGELIC INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
201 24th. Court SW.

Winter Haven, Florida 33880

Mailing address, if different is:
P.O. Box: 1992

Winter Haven, Florida 33883

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To always have the members of this religious organization get together
for receiving the word of God and learning enough about it to be able to teach the bible to adults and young children.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____
By the use of oral voting method.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Luc Valmont. P</u>	Name and Title:	_____
Address	<u>201 24th. Court SW.</u>	Address:	_____
	<u>Winter Haven, Florida 33880</u>		_____

Name and Title:	<u>Roniel St. Fleur V</u>	Name and Title:	_____
Address	<u>142 Avenue F. SW.</u>	Address:	_____
	<u>Winter Haven, Florida 33880</u>		_____

Name and Title:	<u>Harold Sanon. C</u>	Name and Title:	_____
Address	<u>3945 Wabler Drive</u>	Address:	_____
	<u>Winter Haven, Florida 33880</u>		_____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: Leon Veillard. R Name and Title: _____

Address 904 Lake Martha Drive NE. Address: _____

Winter Haven, Florida 33881

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: Leon Veillard

Address: 904 Lake Martha Drive

Winter Haven, Florida 33881

ARTICLE VII INCORPORATOR

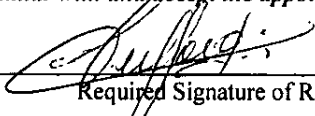
The name and address of the Incorporator is:

Name: Luc Valmont

Address: 201 24th. Court SW.

Winter Haven, Florida 33880

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

4/15/2014
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.



Required Signature of Incorporator

04/15/2014
Date

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DIVISION OF CORPORATIONS
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