

N14 000005462

(Requestor's Name)

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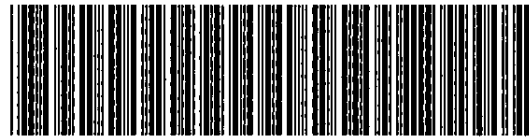
(Business Entity Name)

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14 JUN -9 AM 9:14

*W14 000024042  
#COJ  
8/02 6/10/14*

## COVER LETTER

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

**SUBJECT:** Vela's Center For Compassion and Hope, Inc. (formerly known as Vela's Foundation, 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:** Vela Massenat-Pierre  
Name (Printed or typed)

438 SW 10th Ave.  
Address

Bonton Beach, Fla. 33435-5928  
City, State & Zip

954-330-9929  
Daytime Telephone number

velapierre@yahoo.com  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 16, 2014

VELA MASSENAT-PIERRE  
438 SW 10TH AVE.  
BONTON BEACH, FL 33435-5928

SUBJECT: VELA'S CENTER FOR COMPASSION AND HOPE, INC.  
Ref. Number: W14000024046

We have received your document for VELA'S CENTER FOR COMPASSION AND HOPE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

The print is too small to image.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain  
Regulatory Specialist II

Letter Number: 114A00008128

**Article I-The Name :**

The Name of The CORPORATIONS shall be

Vela's Center for Compassion and Hope, Inc.

**Article II-Principal Address :**

438 S.W.10<sup>th</sup> Ave Boynton Beach, Fla 33435-5928

**Article III- Purpose**

Section I: The Purpose for which this **Non- Profit Charitable** corporation

is is organized:

to maintain and establish a standing organization in order to provide  
prevention and promote health, counseling,housing assistance and  
nutritional service in the **City of Boynton Beach, to Palm Beach County**  
**and all of the State of Florida.**

Additionally, to maintain and conduct classes for community awareness to  
inform, educate, uplift, and empower the community regarding HIV/AIDS,  
drugs, sex, alcohol, domestic violence, teen pregnancy, high school drop-  
outs and ex-offenders, the incorporation shall establish by-laws and make  
all rules and regulations deemed necessary and expedient for the

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DIVISION OF CORPORATIONS  
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management of its affairs in accordance with the law and not inconsistent with these Articles of Incorporation.

Section II: This corporation is organized exclusively for one or more purposes as specified in 501(c)3,(c) of the Internal Revenue code including for such purposes, the making of distribution to qualify as exempt organization under 501(c)3 of the Internal Revenue code or corresponding section of any future tax code. The specific purpose is stated in Section I.

#### **Article IV Manner of Election**

The manner in which the directors are elected or appointed: The affairs of the corporation shall be managed by a Chief Executive Officer, President, Vice-President, Secretary, Treasurer and Board of Directors as authorized by the organization. Said officers shall be elected for a period of 5 years, the organization shall serve until such time he/she resigns or is removed by the board.

#### **Article V INITIAL DIRECTORS AND OR OFFICERS**

Lists name(s), address(es), and specific title(s): The names titles addressees of the board of director are follows:

CEO/ President Vela Massenat-Pierre 438 SW 10<sup>th</sup> Ave Boynton Beach, FL

33435

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Vice-President-Deborah McCray 637 SW Curry ST. Port St. Lucie, FL

Secretary Lamia S. Pierre 438 SW 10<sup>th</sup> Ave. Boynton Beach, FL 33435

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Vela Massenat-Pierre 438 SW 10th Ave Boynton Beach, FL 33435

**ARTICLE VII INCORPORATOR:**

The name and address of the incorporator is:  
Vela Massenat-Pierre 438 SW 10th Ave Boynton Beach, FL 33435

**ARTICLE VIII TERM OF EXISTENCE:**

The period of duration of the corporation is perpetual.

**ARTICLE IX QUALIFICATION OF MEMBERSHIP:**

The categories of membership, qualifications for membership and the manner of admission shall be set forth in and regulated by the By Laws of The corporation.

**ARTICLE X VOTING RIGHTS:**

The period of duration of this corporation is perpetual.

**ARTICLE XI LIABILITIES FOR DEBTS:**

Neither the members nor the members of the Board of Directors or officers of the Corporation shall be liable for the debts of the Corporation.

**ARTICLE XII DISSOLUTION:**

In the event of dissolution of this corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed and turned over to one or more organizations which themselves are exempt as organizations described in Section 501(c)(3) of the Internal Revenue code of 1986 or the corresponding sections of any prior or future Internal Revenue Code.

However, if the named recipient is not then in existence or no longer qualified distributee, or unwilling or unable to accept the distribution, then the assets of the corporation shall be distributed to a fund, foundation or corporation organized and operated exclusively for the purpose specified in section 501(c)(3) of the Internal Revenue code (or corresponding section of any future federal Tax Code).

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above state 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.

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:

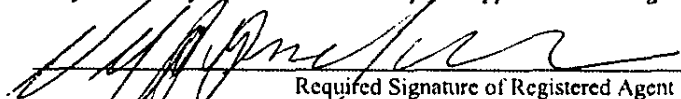
Name: Vela Massenat-Pierre  
Address: 438 SW 10TH Ave.  
Boynton Beach, FL

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Vela Massenat-Pierre  
Address: 438 SW 10th Ave.  
Boynton Beach, Fla 33435

*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

April 8, 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

April 8, 2014

Date