

NK4000006504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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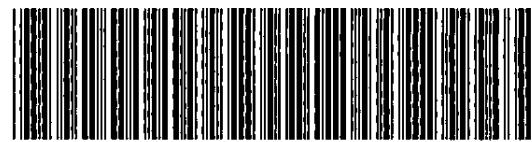
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 7/11

COVER LETTER

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

SUBJECT: Beraca International Rescue Ministry, 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: Oliant Saint Jacques
Name (Printed or typed)

5602 William Grant Way apt.104

Address

Tampa, FL 33610

City, State & Zip

727-6873540

Daytime Telephone number

beracairm@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:

Beraca International Rescue Ministry, Inc.

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TAXI
PHASSE, FLORIDA
CENTRAL

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5602 William Grant Way apt. 104

Tampa, FL 33610

Mailing address, if different:
P.O. Box 310053
Tampa, FL 33680

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **exclusively for charitable one worldwide
within the meaning of section 501(C)(3) of the internal revenue code of 1986 of
the corresponding provision.**

ARTICLE IV MANNER OF ELECTION

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Every year, in the general assembly.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Micheline Saint Jacques, officer** Name and Title: **Sylvain Bazile, Officer**

Address	<u>5602 William Grant Way Apt. 104</u>	Address:	<u>1104 S. Missouri Ave Apt. 203</u>
	<u>Tampa, FL 33610</u>		<u>Clearwater, FL33756</u>

Name and Title: **Moise Pierre, officer** Name and Title:

Address: 4448 E. Tarpon Dr Address: _____
Tampa, FL33617

Name and Title: _____ **Name and Title:** _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Oliant Saint Jacques
Address: 5602 William Grant Way Apt. 104
Tampa, FL33610

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Oliant Junior Saint Jacques
Address: 5602 William Grant Way Apt.104
Tampa,FL33610

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

Oliant Saint Jacques

Required Signature of Registered Agent

06-20-2014
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.

Oliant Saint Jacques

Required Signature of Incorporator

06-20-2014
Date