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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ymD 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

## ARTICLE II PRINCIPAL OFFICE

Principal street address:

5602 William Grant Way apt. 104

Tampa, Fl 33610

Mailing address, if different is:

P.O. Box 310053

Tampa, Fl 33680

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## ARTICLE III PURPOSE

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

## 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

Address: 5602 William Grant Way Apt. 104  
Tampa, FL 33610

Name and Title: Sylvain Bazile, Officer

Address: 1104 S. Missouri Ave Apt. 203  
Clearwater, Fl33756

Name and Title: Moise Pierre, officer

Address: 4448 E. Tarpon Dr  
Tampa, Fl33617

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

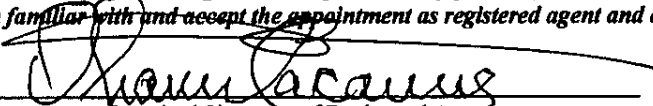
Name: Oliant Saint Jacques  
Address: 5602 William Grant Way Apt. 104  
Tampa, FL 33610

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Oliant Junior Saint Jacques  
Address: 5602 William Grant Way Apt. 104  
Tampa, FL 33610

*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

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.*

  
Required Signature of Incorporator

06-20-2014  
Date