

N14000009574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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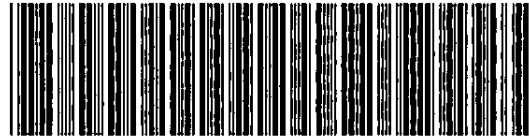
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: FIRST REGENERATION BAPTIST CHURCH OF NORTH MIAMI, 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: JULES, FRITZNER
Name (Printed or typed)

15395 N. MIAMI AVE.
Address

NORTH MIAMI BEACH, FL 33169
City, State & Zip

305-945-7311
Daytime Telephone number

ABSJULES@HOTMAIL.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: FIRST REGENERATION BAPTIST CHURCH OF NORTH MIAMI, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
15395 N. MIAMI AVE.

Mailing address, if different is:

NORTH MIAMI BEACH, FL 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR RELIGIOUS, CHARITABLE, AND EDUCATIONAL PURPOSES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JULES, FRITZNER

Address: PD
31 NE 152 ST
MIAMI, FL 33162

Name and Title: JULIEN , BENJY

Address: TREASURER
9999 SUMMER BREEZE
SUNRISE, FL 33323

Name and Title: CADET, JEAN F.

Address: D
2559 YORK STREET
OPA LOCKA, FL 33054

Name and Title: JOSEPH, LOVENS

Address: D
1224 NE 111 ST
MIAMI, FL 33161

Name and Title: GEFFRARD, EUGENE

Address: D
6470 SW 27 ST
MIRAMAR, FL 33025

Name and Title: ST. JEAN, PIERRELA

Address: D
18970 NW 6 CT
MIAMI, FL 33169

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SECRETARY OF STATE
RECEIVED
MIAMI, FL 33133

Name and Title: NAISSANCE, WHIDLET

Name and Title: _____

Address ADMINISTRATOR

Address: _____

1600 NE 135 STREET APT #1003

NORTH MIAMI, FL 33181

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: BEAUVAIS, JOAM
Address: ASST TREASURER
1801 NW 183 STREET
MIAMI GARDENS, FL 33056

Name and Title: PIERRE-LOUIS, NADIA
Address: ASST. SECRETARY
18720 NW 6 CT
MIAMI, FL 33169

Name and Title: AUGUSTIN, GREGORY
Address: COUNSELOR
1360 NE 204 TER
MIAMI, FL 33179

Name and Title: DECIME, CLAUDE
Address: CO-TRUSTEE
645 IVES DAIRY RD
MIAMI, FL 33179

ARTICLE VI REGISTERED AGENT

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

Name: JULES, FRITZNER
Address: 31 NE 152 ST
MIAMI, FL 33162

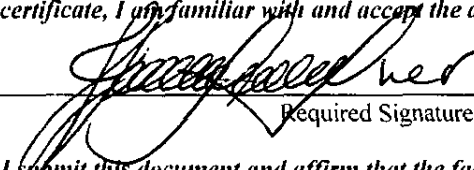
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JULES, FRITZNER
Address: 31 NE 152 ST
MIAMI, FL 33162

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

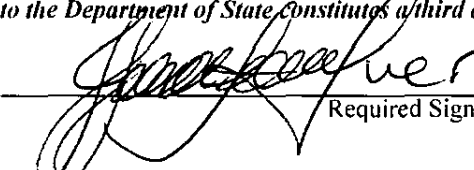
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

10/09/2014

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

10/09/2014

Date