

N/5000000980

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

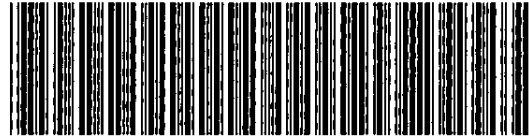
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T. SCOTT



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15-JAN-30 PM 3:11

COVER LETTER

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

SUBJECT: **SAINT NICOLAS EN ACTION, 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: **Joseph-Hans M. Numa**

Name (Printed or typed)

18611 NW 9TH AVE

Address

MIAMI GARDENS, FL 33169

City, State & Zip

(786) 563-5592

Daytime Telephone number

MARC13a14@GMAIL.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: Saint Nicolas En Action, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
18611 NW 9TH AVE

MIAMI GARDENS, FL 33169

Mailing address, if different is:

15 JAN 30 PM 3:11

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide help for poor people and distressed families.

Lessen neighborhood tension, eliminate prejudice and discrimination. Defend human, and

civil rights secured by law, combat community deterioration and juvenile delinquency.

Provide help for education, research and help advancement of religious freedom.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

By Voting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph-Hans M. Numa/ P

Address: 18611 NW 9th AVE
Miami Gardens, FL33169

Name and Title: Sylvia Vertisema/ B

Address: 1037 SW 49th AVE
Plantation, FL33317

Name and Title: Duga Vertisema/ V

Address: 1037 SW 49th AVE
Plantation, FL 33317

Name and Title: Marc A. Paul/ R

Address: 911 NW 195 St
Miami Gardens, FL33169

Name and Title: Lugenie Numa/T

Address: 18611 NW 9th, AVE
Miami Gardens, FL33169

Name and Title: Fabie Paul/ MGR

Address: 911 NW 195 St
Miami Gardens, FL33169

Name and Title: Francoeur Hyacienth/O
Address: 570 NE 160 Terr
North Miami Beach, FL33162

Name and Title: Roodchill Bienaime/AR
Address: 1961 Lyons RD APT #306
Coconut Creek, FL33063

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:

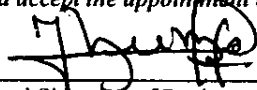
Name: Joseph-Hans M. Numa
Address: 18611 NW 9th AVE
Miami Gardens, FL33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Duga Vertisema
Address: 1037 SW 49th AVE
Plantation, FL33317

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

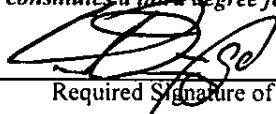


Required Signature of Registered Agent

12/24/14

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

12/24/14

Date