

N15000001519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

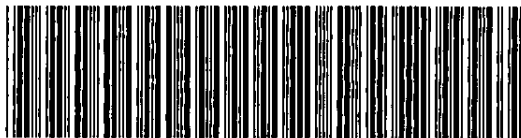
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: The Light of Peace Cornerstone Church, 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: JEAN NACIEN LOUISME'
Name (Printed or typed)

5301 SNOWFLAKE COURT
Address

Orlando, Florida 32839
City, State & Zip

407-953-8890
Daytime Telephone number

audunor64200@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: The Light of Peace Cornerstone Church, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

5301 Snowflake Ct
Orlando, Florida 32839

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Worship God Study The
bible, for youths and adults spiritual developments
parents.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: by the
President of the Corporation

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Audunor BT

Address: 307-1360 Danforth Rd
Toronto, ON, Canada
M1S1G4

Name and Title: Evite Dorvilus

Address: 6075 Wedgewood Circle
Orlando, Florida

Name and Title: Eddy Fleuridore

Address: 1759 Tallo Way
Orlando Florida
32818

Name and Title: JEAN N. Louisme

Address: 5301 Snowflake Ct
Orlando Florida

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
15 FEB -9 AM 10:49
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: JEAN . N Louisme'

Address: 5301 SNOW FLAKE CT
Orlando Florida 32839

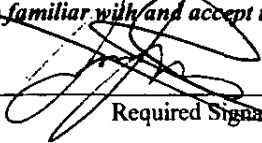
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Andunor BY

Address: 307- 1360 DANFORTH Rd
Toronto, ON M1T1G4

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

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

1/30/20
FEB 2 2009
AM 3:48
STATE OF FLORIDA
Date