

N/15000003134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

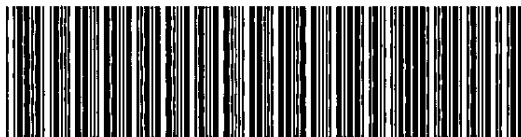
(Document Number)

Certified Copies \_\_\_\_\_

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Office Use Only



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02/27/15--01011--025 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
15 MAR 26 AM 11:57

W15-14734

✓ 03/27/15



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 MAR 26 AM 11:11  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

March 13, 2015

CLOZEL NICHEL  
2401 N. ALBANY AVENUE  
TAMPA, FL 33607

\*\*\* 2ND CORRECTION \*\*\*

SUBJECT: LES ENFANTS DE LA LUMIERE  
Ref. Number: W15000014734

We have received your document for LES ENFANTS DE LA LUMIERE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

<< You must list at least one incorporator with a complete business street address.>>

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 915A00004240



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2015

CLOZEL NICHEL  
2401 N. ALBANY AVENUE  
TAMPA, FL 33607

SUBJECT: LES ENFANTS DE LA LUMIERE  
Ref. Number: W15000014734

We have received your document for LES ENFANTS DE LA LUMIERE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

You must list at least one incorporator with a complete business street address.

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Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 915A00004240

RECEIVED  
15 MAR 12 AM 8:38  
STANDARD MAIL  
ALL INFORMATION  
FURNISHED  
BY THE  
FLORIDA  
DEPARTMENT OF  
STATE

## COVER LETTER

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

**SUBJECT: LES ENFANTS DE LA LUMIERE**

(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: **LES ENFANTS DE LA LUMIERE**  
Name (Printed or typed)

**2401 WEST TAMPA**  
Address

**TAMPA 33607**  
City, State & Zip

**813-408-9353**  
Daytime Telephone number

**clozelmichel@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: Les Enfants de la Lumiere INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

2401 N. Albany Ave  
Tampa, FL 33607

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: A Masonic Lodge, The purpose of  
Those meeting To initiate candidates, onto enlarge it's  
memberships, We meet every 2<sup>nd</sup> and 4<sup>th</sup> Sunday To celebrate  
God - Jehovah. Freemasonry, sometimes known as Blue Lodge.  
Every Masonic Lodge elects or appoints Masonic Lodge officers,  
To execute The necessary functions of the Lodge's life and work.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: by voting  
every year

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Clozel Michel Name and Title: Director

Address: 15423 Lost Creek Ln Address: 15423 Lost Creek Ln  
Ruskin FL 33573 Ruskin FL 33573

Name and Title: DORDIER Deboire Name and Title: Officer

Address: 202 E MLK Blvd Address: 202 E MLK Blvd  
Tampa FL 33610 Tampa FL 33610

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAR 26 AM 11:57

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:

C/O 201 Michel

Address:

15423 Lost Creek Ln  
Rustlin FL 33573

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

DOR Diven Delorieu

Address:

202 E MLK Blvd  
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*

Clord Michel

Required Signature of Registered Agent

3-23-15

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.*

[Signature]

Required Signature of Incorporator

3-23-15

Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAR 26 AM 11:57