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PICK-UP WAIT MAIL

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DIVISION OF CORPORATION
15 APR 27 PM 12:33

h 04/30/15

COVER LETTER

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

SUBJECT: DIVINE FAMILY CARE INCORPORATED
(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: Marie Fequiere
Name (Printed or typed)

1501 20th Street
Address

Orlando, Florida 32805
City, State & Zip

(407) 272-7471
Daytime Telephone number

DivineFCO@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: Divine Family Care Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1501 20th Street

Orlando, Florida

32805

Mailing address, if different is:
P.O. Box 561113

Orlando, Florida

32856

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Established for the purpose of Supporting, Educating and Providing for the vulnerable displaced children of Haiti orphaned by the 2010 earthquake.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As provided for in the by-laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Fequiere, Marie (P/D)

Address: 1501 20th Street
Orlando, Florida
32805

Name and Title: Fequiere, Ives (T/D)

Address: 15504 Willet Ct.
Mascotte, Florida
34753

Name and Title: Cossom-Dyson, Rita (VP/D)

Address: 7203 Rex Hill Trail
Orlando, Florida
32818

Name and Title: Whitlock, Shaneka (D)

Address: 7203 Rex Hill Trail
Orlando, Florida
32818

Name and Title: Phebe, Beatrice (S/D)

Address: 1774 Iroquois Dr.
Apopka, Florida
32703

Name and Title: _____

Address: _____

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DIVISION OF CORPORATIONS
15 APR 27 PM 12:33

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: Marie Fequiere
Address: 1501 20th Street
Orlando, Florida 32805

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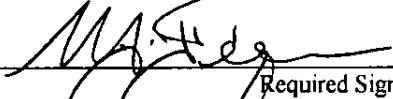
15 APR 27 PM 12:33

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:


Name: Marie Fequiere
Address: 1501 20th Street
Orlando, Florida 32805

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

4-23-15
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.


Required Signature of Incorporator

4-23-15
Date