

N15000005187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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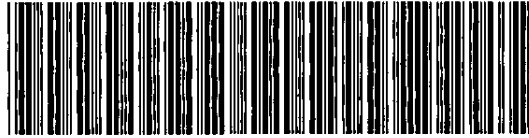
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATE &  
REGISTRATION  
JUN 11 2015

W15-34011

05/26/15



RECEIVED

15 MAY 21 AM 10:23

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 13, 2015

JAURY JEAN-ENARD  
1210 NE 110TH ST. #20  
NORTH MIAMI, FL 33161

SUBJECT: AFRICAN WARDROBE FESTIVAL  
Ref. Number: W15000034011

We have received your document for AFRICAN WARDROBE FESTIVAL and your check(s) totaling \$70.00. 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.

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.

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: 715A00010058

## COVER LETTER

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

SUBJECT: African Wardrobe Festival 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: Jaury Jean-Enard  
Name (Printed or typed)

1210 NE 110<sup>th</sup> St #20  
Address

North Miami, FL 33161  
City, State & Zip

786.506.0233  
Daytime Telephone number

jaurymj@yahoo.fr  
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: African Wardrobe Festival Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1210 NE 110<sup>th</sup> St # 20  
North Miami, FL 33161

Mailing address, if different is:

same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The corporation is organized to  
prepare and conduct cultural activities, such as festivals,  
workshops, conferences etc., to promote African culture  
tradition and heritage.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: directors will be elected in writing  
the President, Jaurry Jean-Enard in writing by the

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

Name and Title: Jaurry Jean-Enard, President Name and Title: \_\_\_\_\_

Address: 1210 NE 110<sup>th</sup> St # 20 Address: \_\_\_\_\_  
North Miami, FL 33161

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

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

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

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

15 MAY 2000  
SECRETARY OF STATE  
DIVISION OF CORPORATION

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: Jaury Jean-Enard

Address: 1210 NE 110<sup>th</sup> St #20  
North Miami, FL 33161

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jaury Jean-Enard

Address: 1210 NE 110<sup>th</sup> St #20  
North Miami, FL 33161


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 5/5/15 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

5/05/15  
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

5/05/15  
Date

SECRET  
DIVISION OF CORPORATIONS  
15 MAY 22 AM 10:48