

N150000009842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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W150000009842



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

OCT -7 PM 2:25

September 17, 2015

AGNOLITE FLORIAL
6727 BULRUSH CT
GREENACRES, FL 33413

SUBJECT: BASIC CARE CHILDREN'S INITIATIVE INC.(BCCI)
Ref. Number: W15000061464

We have received your document for BASIC CARE CHILDREN'S INITIATIVE INC.(BCCI) and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name may not contain "Acronyms".

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 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.

Carol Mustain
Regulatory Specialist II

Letter Number: 015A00019654

COVER LETTER

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

SUBJECT: BASIC CARE CHILDREN'S INITIATIVE 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: AGNOLITE FLORIAL

Name (Printed or typed)

6727 BULRUSH CT

Address

GREENACRES, FL 33413

City, State & Zip

561-577-8182

Daytime Telephone number

AFLORIAL1@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: BASIC CARE CHILDREN'S INITIATIVE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6727 BULRUSH CT

GREENACRES, FL 33413

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO HELP LESS FORTUNATE CHILDREN TO HAVE BETTER QUALITY
LIFE BY PROVIDING BASIC SUPPLIES, SPONSORING EDUCATION TO CHILDREN IN NEED. OUR GOAL IS
TO PROVIDE EACH CHILD WITH BASIC NECESSITIES AND THE LOVE OF GOD

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: AGNOLITE FLORIAL

Address EXECUTIVE DIRECTOR

6727 BULRUSH CT

GREENACRES, FL 33413

Name and Title: BRIANNA PERISSIEN

Address: SECRETARY

107 LEXINGTON DRIVE

ROYAL PALM BEACH, FL 33411

Name and Title: JANACK DEJEAN

Address PRESIDENT

9353 MADEWOOD COURT

ROYAL PALM BEACH, 33411

Name and Title: PATRICIA JOSEPH

Address: TREASURER

1905 19TH LANE

GREENACRES, FL 33463

Name and Title: MARTIAL MARCELLUS

Address VICE PRESIDENT

318 OLIVE TREE CIR

GREENACRES, 33413

Name and Title: _____

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: AGNOLITE FLORIAL
Address: 6727 BULRUSH CT
GREENACRES, FL 33413

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: AGNOLITE FLORIAL
Address: 6727 BULRUSH CT
GREENACRES, FL 33413

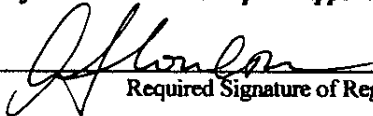
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

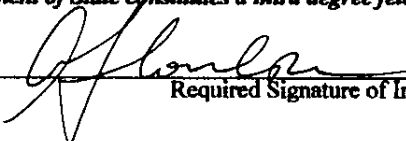


Required Signature of Registered Agent

10/04/2015

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

10/04/2015

Date

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

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GREENACRES, FL 33413

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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: | <u>AGNOLITE FLORIAL</u> | Name and Title: | <u>BRIANNA PERISSIEN</u> |
| Address | <u>EXECUTIVE DIRECTOR</u> | Address: | <u>SECRETARY</u> |
| | <u>6727 BULRUSH CT</u> | | <u>107 LEXINGTON DRIVE</u> |
| | <u>GREENACRES, FL 33413</u> | | <u>ROYAL PALM BEACH, FL 33411</u> |
| Name and Title: | <u>JANACK DEJEAN</u> | Name and Title: | <u>PATRICIA JOSEPH</u> |
| Address | <u>PRESIDENT</u> | Address: | <u>TREASURER</u> |
| | <u>9353 MADEWOOD COURT</u> | | <u>1905 19TH LANE</u> |
| | <u>ROYAL PALM BEACH, 33411</u> | | <u>GREENACRES, FL 33463</u> |
| Name and Title: | <u>MARTIAL MARCELLUS</u> | Name and Title: | <u></u> |
| Address | <u>VICE PRESIDENT</u> | Address: | <u></u> |
| | <u>318 OLIVE TREE CIR</u> | | <u></u> |
| | <u>GREENACRES, 33413</u> | | <u></u> |

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: AGNOLITE FLORIAL
Address: 6727 BULRUSH CT
GREENACRES, FL 33413

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AGNOLITE FLORIAL
Address: 6727 BULRUSH CT
GREENACRES, FL 33413

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

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Required Signature of Registered Agent

10/04/2015
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

10/04/2015
Date