

N15000010281

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FILED
15 MAR 30 PM 11:41
STATE OF FLORIDA
TALLAHASSEE

WIS-3633

COVER LETTER

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

SUBJECT: Good Samaritan Ministry for Haiti of the Treasure Coast
(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: Lidia Blanchard
Name (Printed or typed)

1309 Delaware Ave.
Address

Fort Pierce, FL, 34900
City, State & Zip

(772) 879-1395
Daytime Telephone number

Samanthamenard92@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 FEB -3 AM 11:17

DEPT. OF STATE
TALLAHASSEE, FLORIDA

January 16, 2015

LIDIA BLANCHARD
1309 DELAWARE AVE
FORT PIERCE, FL 34950

SUBJECT: GOOD SAMARITAN MINISTRY FOR HAITI OF THE TREASURE
COAST
Ref. Number: W15000003633

We have received your document for GOOD SAMARITAN MINISTRY FOR HAITI OF THE TREASURE COAST and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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.

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.

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 215A00001051



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 FEB 23 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 4, 2015

LIDIA BLANCHARD
1309 DELAWARE AVE
FORT PIERCE, FL 34950

SUBJECT: GOOD SAMARITAN MINISTRY INC FOR HAITI OF THE
TREASURE COAST
Ref. Number: W15000003633

We have received your document for GOOD SAMARITAN MINISTRY INC FOR HAITI OF THE TREASURE COAST and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$35.00.

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 215A00001051



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2015

LIDIA BLANCHARD
1309 DELAWARE AVE
FORT PIERCE, FL 34950

SUBJECT: GOOD SAMARITAN MINISTRY INC FOR HAITI OF THE
TREASURE COAST
Ref. Number: W15000003633

We have received your document for GOOD SAMARITAN MINISTRY INC FOR HAITI OF THE TREASURE COAST and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 215A00001051

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Good Samaritan Ministry, Inc. For Haiti of the Treasure Coast

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1309 Delaware Ave.

Fort Pierce, FL 34950

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: the help being the people of Léogane in Haiti to God. In addition, we also want to help shelter people that are in need. Moreover, we want to help the children that are in severe needs in Haiti.

We are currently paying for 6 children in Haiti to go to school. We are in hopes to build a school and be able to help more children go to school.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: is by doing voluntary work and by showing providing support.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

President,

Name and Title: Lidia Blanchard-Funder Name and Title: Joseph E. Feneose, Vice-President

Address: 1309 Delaware Ave. Address: 1309 Delaware Ave.

Ft. Pierce FL 34950 Ft. Pierce FL 34950

Name and Title: Samantha Merriard, Secretary Name and Title: Samuel Blanchard, Treasurer

Address: 1309 Delaware Ave. Address: 730 Malibu Pkwy

Ft. Pierce FL 34950 West Palm Beach, FL 33410

Name and Title: John Steve Louidor - Historian

Address: _____ Address: _____

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: Lidia Blanchard

Address: 1309 Delaware Ave.

Ft. Pierce FL 34950

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lidia BLANCHARD

Address: 1309 DELAWARE AVE

FT. PIERCE FL 34950

FILED
15 MAR 30 PM 11:41
STATE DEPT OF STATE
TALLAHASSEE FLORIDA

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

Lidia Blanchard

Required Signature of Registered Agent

02/16/15

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.

Lidia Blanchard

Required Signature of Incorporator

1/16/15

Date