

n/b www 01652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W/Scm 7/8/08

FEB 13 2016

T. SCOTT



400279122824

11/18/15--01005--019 **87.50

16 FEB 19 PM 3:26

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2016

RONY JOSEPH
5861 WINERIDGE DR.
WINTER HAVEN, FL 33881

SUBJECT: FARMER'S ASSOCIATION OF MONTAGNE LAVOUTE OF JACMEL
INC.

Ref. Number: W15000078108

We have received your document for FARMER'S ASSOCIATION OF MONTAGNE LAVOUTE OF JACMEL INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 616A00002053

RECEIVED
16 FEB 12 AM 10:33
TALLAHASSEE, FL 32314

FARMER'S ASSOCIATION OF MONTAGNE LAVOUTE OF JACMEL, INC.

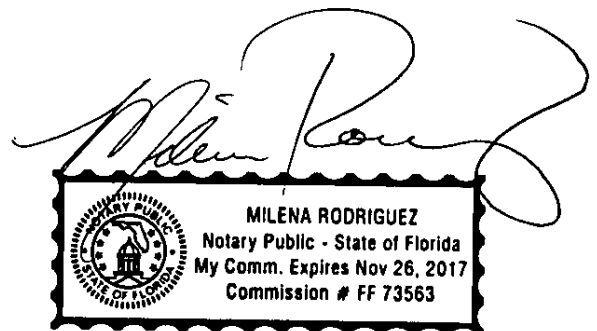
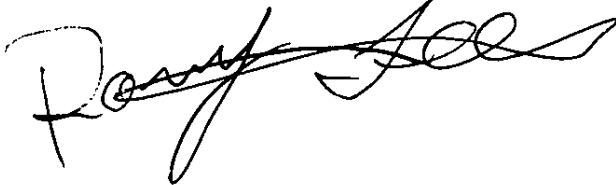
5861 Wineridge dr.
Winter Haven, FL 33881

ATT: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FARMER'S ASSOCIATION OF MONTAGNE LAVOUTE OF JACMEL is a central non-profit organization based in Central Florida with a mission to establish missions; assist with foreign fields, build schools and education facilities to equip for the furtherance of the gospel.

Rony Joseph currently serve as president, Marie E. Joseph vice president and Erica Joseph secretary.

Director are appointed annually at annual general meetings unless otherwise stated.



COVER LETTER

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

SUBJECT: Farmers's Association of Montagne Lavoute of Jacmel 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: Rony Joseph

Name (Printed or typed)

5861 Wineridge Dr.

Address

Winter Haven, Florida 33881

City, State & Zip

407-692-8083

Daytime Telephone number

cogtb3707@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: Farmers's Association of Montagne Lavoute of Jacmel Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

5861 Wineridge Dr.

Winter Haven, Fl 33881

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To establish missions, to assist in foreign fields, build schools and education facilities to equip for the furtherance of the gospel. AS OF JANUARY 1, 2016.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: offices are appointed annually at an annual General meeting unless otherwise stated.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rony Joseph/President

Name and Title: President

Address: 5861 Wineridge Dr.
Winter Haven, Florida 33881

Address: _____

Name and Title: Marie E. Joseph/VP

Name and Title: Vice President

Address: 5861 Wineridge Dr.
Winter Haven, Florida 33881

Address: _____

Name and Title: Erica Joseph/Secretary

Name and Title: Secretary

Address: 5861 Wineridge Dr.
Winter Haven, Florida 33881

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB 19 PM 3:26

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: Rony Joseph
Address: 5861 Wineridge Dr.
Winter Haven, Fl. 33881

ARTICLE VII INCORPORATOR

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

Name: Rony Joseph
Address: 5861 Wineridge Dr.
Winter Haven, Fl. 33881

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

Rony Joseph
Required Signature of Registered Agent

11-15-15
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.817.135, F.S.

Rony Joseph
Required Signature of Incorporator

11-15-15
Date