

N16000002663

\_\_\_\_\_  
(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



300282938993

12/03/15--01020--005 \*\*88.00

FILED  
16 MAR 16 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

3/14 for

**COVER LETTER**

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

Att. To: Gina McLeod  
Letter Number: 016A00004042  
CORP. # W 15000020293

**SUBJECT:** MITSPO MAIM FELLOWSHIP CORP.

**(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:** HANZE BONNET  
\_\_\_\_\_  
Name (Printed or typed)

7523 SW 8th COURT  
\_\_\_\_\_  
Address

NORTH LAUDERDALE, FL. 33068  
\_\_\_\_\_  
City, State & Zip

(954)-709-8196  
\_\_\_\_\_  
Daytime Telephone number

bonneh01@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: MITSPA MAIM FELLOWSHIP CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
7523 SW 8TH COURT

NORTH LAUDERDALE

FL. 33068

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PRAYER ASSEMBLY, WORSHIP GOD AND FELLOWSHIP,  
INTERNATIONAL MISSIONARY ACTIVITIES, MEN ACTIVITIES, WOMEN ACTIVITIES, YOUTH ACTIVITIES,  
CHILDREN ACTIVITIES, INTERNATIONAL CENTER OF ORPHANAGES

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: BY ELECTION

as provided in bylaws

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

Name and Title: HANZE BONNET ( PRESIDENT)

Address: 7523 SW 8th COURT  
NORTH LAUDERDALE, FL. 33068

Name and Title: MISELENE PASCAL (TREASURY)

Address: 1318 SW 82th TERRACE  
NOERTH LAUDERDALE, FL. 33068

Name and Title: RIGAUD PIERRE (SECRETARY)

Address: 3259 SW 175TH AVE  
MIRAMAR, FL. 33029

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

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

Name and Title: JOANEL SAINTILME

Address: ADMINISTRATOR  
4541 NW 32th STREET  
LAUDERDALE LAKES, FL. 33319

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAR 14 PM 1:32

FILED

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: HANZE BONNET  
Address: 7523 SW 8th COURT  
NORTH LAUDERDALE, FL. 33068

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: HANZE BONNET  
Address: 7523 SW 8th COURT  
NORTH LAUDERDALE, FL. 33068

**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*

Hanze Bonnet  
Required Signature of Registered Agent

2/22/16  
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.*

Hanze Bonnet  
Required Signature of Incorporator

2/22/16  
Date