

N16000004069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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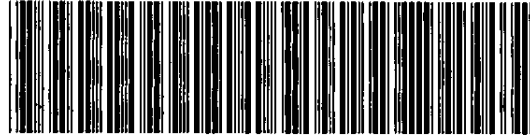
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 APR 15 AM 7:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

VH

COVER LETTER

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

SUBJECT: New Jerusalem Evangelical Mission, 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: Louisnel Ternival
Name (Printed or typed)

6519 NW 70th Ave
Address

Tamarac
City, State & Zip

(954) 658-1626
Daytime Telephone number

njemhaiti@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: New Jerusalem Evangelical Mission, Inc. **FILED**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
6519 NW 70th Ave

Tamarac, FL 33321

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to bring hope to Haiti through the gospel of Jesus Christ. We will provide and operate a church, a school, and a clinic.
We will help those who are in need by providing food, water, clothing, shelter, and other humanitarian needs. We will educated those and provide school supplies as well as provide medical supplies and health care. We will also preach about the gospel of Jesus Christ.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____
Are set forth in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Louisnel Ternival/President</u>	Name and Title:	<u>Rose Sydney/Treasurer</u>
Address	<u>6519 NW 70th Ave</u>	Address:	<u>8513 NW 47th St</u>
	<u>Tamarac, FL 33321</u>		<u>Coral Springs, FL 33067</u>

Name and Title:	<u>Auguste Joseph/Secretary</u>	Name and Title:	<u>Emmanuel Rene/Vice President</u>
Address	<u>511 East Melrose Circle</u>	Address:	<u>Route Fond Baptiste #22</u>
	<u>Fort Lauderdale, FL 33312</u>		<u>Fond Baptiste, Haiti</u>

Name and Title:	<u>William St Phard/Director</u>	Name and Title:	_____
Address	<u>Santo 8 12 impasse #1</u>	Address:	_____
	<u>Port-Au-Prince, Haiti</u>		_____

Name and Title: _____ Name and Title: _____

FILED

Address _____ Address: _____ 16 APR 15 AM 7:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

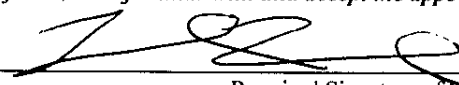
Name: Louisnel Ternival
Address: 6519 NW 70th Ave
Tamarac, FL 33321

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Louisnel Ternival
Address: 6519 NW 70th Ave
Tamarac, FL 33321

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

4/12/2016
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

4/12/2016
Date