

N16000007331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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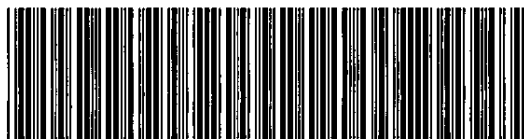
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
JLA  
7/27/16

## COVER LETTER

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

SUBJECT: Baptiste Outreach Ministry 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: JOSEPH PETIT-JEUNE  
Name (Printed or typed)

824 N.W. 119 ST  
Address

MIAMI FL 33168  
City, State & Zip

(305) 305-0905  
Daytime Telephone number

josephtjeune@yahoo.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:

Baptiste Outreach Ministry Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

824 NW 119st

Miami FL 33168

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The church is organized to have worship services on Sundays, we also have different departments such as Women's, men's, children, young people and outreach. We need every Sunday, we also have bible study, fasting services & prayer meetings

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: I appoint each director to operate in different positions.

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

Name and Title: Joseph Petit-Jeune DOT

Address: 824 NW 119st  
Miami FL 33168

Name and Title: Emmanuel Chervil

Address: 946 NW 110st  
Miami 33168

Name and Title: Violette Petit-Jeune DOT

Address: 824 NW 119st  
Miami FL 33168

Name and Title: Joseph Eliassaint

Address: 824 NW 119st  
Miami FL 33168

Name and Title: Gislaine Joseph - S

Address: 189 NW 118st  
Miami FL 33168

Name and Title:

Address:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JUL - 7 AM 7:14

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: Joseph Petit-Jeune

Address: 824 N.W 119st

Miami FL 33168

**ARTICLE VII INCORPORATOR**

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

Name: Joseph Petit-Jeune

Address: 824 N.W 119st

Miami FL 33168

**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 20 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

6-27-2016  
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

6-27-2016  
Date

FILED  
16 JUL - 7 AM  
11  
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TALLAHASSEE FLORIDA