

N16000008147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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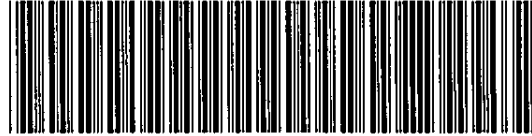
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** BERACA III HAITIAN BAPTIST MISSION  
(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:** JEAN SIMON LAGUERRE  
Name (Printed or typed)  
16 NORMAN LANE  
Address  
AUBURNDALE, FL 33823  
City, State & Zip  
407-860-2422  
Daytime Telephone number

SIMONLAGUERRRE@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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**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: BERACA III HAITIAN BAPTIST MISSION, INC.

## ARTICLE II PRINCIPAL OFFICE

Principal street address:  
16 NORMAN LANE

AUBURNDALE, FL 33823

Mailing address, if different is:

SAME

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CHURCH (WHORSHIP SERVICE)

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: VOTE

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEAN SIMON LAGUERRE, DIRECTOR

Address: 137 WHITBY ST  
DAVENPORT, FL 33897

Name and Title: LEAN HYACINTHE, ASS TREASUR

Address: 2735 KATHRYN AVE  
LAKELAND, FL 33805

Name and Title: MINOUCHE CIVIL, SECRETARY

Address: 1225 W HIGHLAND ST  
LAKELAND, FL 33815

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

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

Name and Title: JOSEPH CAZEAU, TREASURE

Address: 1233 W HIGHLAND ST  
LAKE LAND, FL 33815

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

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: JEAN SIMON LAGUERRE  
Address: 137 WHITBY ST  
DAVENPORT, FL 33897

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: JEAN SIMON LAGUERRE  
Address: 137 WHITBY ST  
DAVENPORT, FL 33897

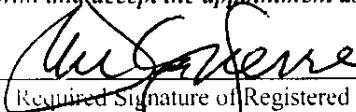
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 07/13/2016 (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.)

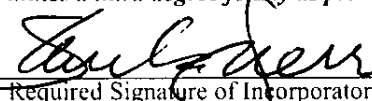
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
\_\_\_\_\_  
Required Signature of Registered Agent

07/26/2016  
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

07/26/2016  
Date