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18 NOV 22 PM 12:37
CLERK OF STATE
TALLAHASSEE FLORIDA

11/28/16

COVER LETTER

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

SUBJECT: _____

Pétion Ville Foundation 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: Pierre A. Leon

Name (Printed or typed)

3692 coral springs Dr.

Address

Coral Springs FL 33065

City, State & Zip

954-534-5772

Daytime Telephone number

alleconco@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: Petion Ville Foundation corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3692 coral springs Dr.

Coral Springs FL 33065

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Health care, food, social assistance, youth services, residential care facility,
services housing for the disabled community needs and relief services

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SECRETARY OF STATE
ALLAHABAD FLORIDA

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

Stated in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pierre A. Leon / President

Address: 3692 coral springs Dr.
Coral Springs FL 33065

Name and Title: _____

Address: _____

Name and Title: Linda J. Leon / Vice President

Address: 3692 coral springs Dr.
Coral Springs FL 33065

Name and Title: _____

Address: _____

Name and Title: Ghislaine Rameau / Director

Address: 2851 Riverside dr. apt. 105
Coral Springs FL 33065

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: Pierre A. Leon

Address: 3692 coral springs Dr.

Coral Springs FL 33065

ARTICLE VII INCORPORATOR

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

Name: Petion Ville Foundation corp.

Address: 3692 coral springs Dr.

Coral Springs FL 33065

Pierre A. Leon

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STATE DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/18/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

PAS

Required Signature of Registered Agent

11/16/2016

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.

PAS

Required Signature of Incorporator

11/16/2016

Date