

N17000002350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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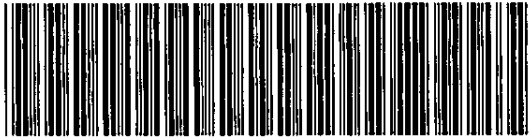
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

03/06/17

## COVER LETTER

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

**SUBJECT:** ORPHANS OF ISLE DE LA GONAVE D'HAITI 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:** AMECIA DESROCHE  
\_\_\_\_\_  
Name (Printed or typed)

22 NW 28TH TERRACE  
\_\_\_\_\_  
Address

CAPE CORAL, FLORIDA 33993  
\_\_\_\_\_  
City, State & Zip

239-265-6109  
\_\_\_\_\_  
Daytime Telephone number

ameciadesroche19@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: ORPHANS OF ISLE DE LA GONAVE D'HAITI INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
22 NW 28TH TERRACE

CAPE CORAL

FLORIDA 33993

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THIS NON-PROFIT COEPORATION IS ORGANIZED TO HELP THE ORP  
CHILDREN IN HAITI SPECIALLY THOSE LOCATED IN THE ISLE DE LA GONAVE, HAITI. THE ORPHANS CHILDREN  
LOCATED IN THE SPECIFIC AREA IN HAITI ARE REALLY IN NEEDS SO THIS CORPORATION IS WILLING TO HELP  
THOSE KIDS FOR GOD' SAKE.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

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

Name and Title: AMECIA DESROCHE, PRESIDENT

Address 22 NW 28TH TERRACE  
CAPE CORAL  
FLORIDA 33993

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

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

Name and Title: SAINTALES DESROCHE, VP

Address 22 NW 28TH TERRACE  
CAPE CORAL  
FLORIDA 33993

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

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

Name and Title: DIANA LONG SMIERCIAK, SECRETARY

Address 3 BUCKSKIN COURT  
LEMONT  
ILLINOIS 60439

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: AMECIA DESROCHE

Address: 22 NW 28TH TERRACE  
CAPE CORAL FL 33993

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JEAN CLAUDE PHILISTIN

Address: 8359 BEACON BLVD # 410  
FORT MYERS FL 33907

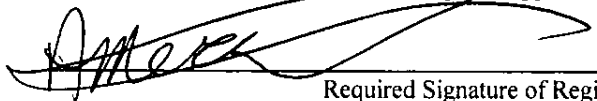
**ARTICLE VIII EFFECTIVE DATE:**

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 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*

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

01/18/2017

\_\_\_\_\_  
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

01/18/2017

\_\_\_\_\_  
Date

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