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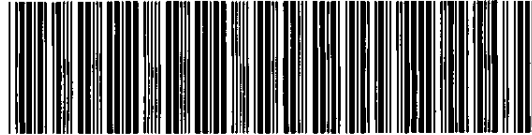
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JUN 26 2017



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DEPARTMENT OF REVENUE  
17 JUN 26 AM 10:15  
FILED  
STATE OF NEW YORK  
DIVISION OF CORPORATIONS  
17 JUN 26 AM 10:28

## COVER LETTER

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

SUBJECT: l'Eglise de dieu Morne Sion 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: Paul Fils Ferdinand  
Name (Printed or typed)

6806 Silver Star Rd  
Address

Orlando FL 32818  
City, State & Zip

407-222-0721  
Daytime Telephone number

PaulFilsFerdinand@BMail.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: L'eglise de dieu Morne Simon INC

## ARTICLE II PRINCIPAL OFFICE

Principal street address:

6806 Silver Star Rd  
Orlando : Florida  
32818

Mailing address, if different is:

P.O. Box 550619  
Orlando FL 32855

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Church

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 JUN 26 AM 10:28

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

As set forth in the bylaws.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Pres.  
Name and Title: Adner Sylfain Name and Title: Gerard SANN  
Address: 446 W. oak Ridge Rd 207 Address: 374 E 26th St  
Orlando FL 32809 Orlando FL 32839  
VP

Name and Title: Marie Michelle Name and Title: \_\_\_\_\_  
Address: 3924 Rio Grande Ave Address: \_\_\_\_\_  
Orlando FL 32839  
Sec.

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ 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: Paul Fils Ferdinand

Address: 6806 Silver Star Rd  
Orlando FL 32855

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Paul Fils Ferdinand

Address: 6806 Silver Star Rd  
Orlando FL 32818

**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*

Paul Fils Ferdinand

Required Signature of Registered Agent

6/26/17

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.*

Paul Fils Ferdinand

Required Signature of Incorporator

6/26/17

Date