

N17000009128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

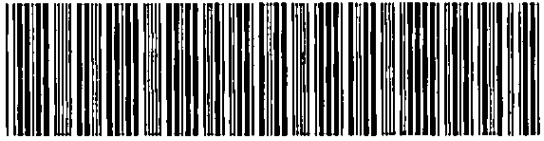
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/05/17--01017--002 **78.75

17 SEP 15 AM 10:21
STATE
FLORIDA

09/06/17

COVER LETTER

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

SUBJECT: Realite CENTRE Communautaire
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) et Sante

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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate
ADDITIONAL COPY REQUIRED	

FROM: Adoliane Desir.
Name (Printed or typed)

815 Magnolia Blossom Ct.
Address

Apopka, FL 32712
City, State & Zip

407-793-0045
Daytime Telephone number

dc71525@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: REALITE CENTRE COMMUNOTAIRE ET SAUTE
, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 750 NE 199 ST Mailing address, if different is: 815 magnolia Blossom ct.
MIAMI, FL 33179 APOPKA FL. 32712

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: EXCLUSIVELY FOR CHARITABLES
PURPOSE

17 SEP -5 AM 10:21
STATE OF FLORIDA

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

THE DIRECTORS ARE ELECTED AT THE ANNUAL MEETING

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIE YOLENE Name and Title: DAVID CHERIZOL vice-Pres
PIERRE PRES. Address: 13601 N.W. 2 AVE
Address: 750 NE 199 ST MIAMI, FL. 33168
MIAMI, FL. 33719

Name and Title: NIQUETTE AUGUSTIN Name and Title: LUCKNER ANTOINE
SECRETARY TREASURER
Address: 2051 N.E. 170 ST APT 1N. Address: 5704 DEERFIELD RD
MIAMI BEACH, FL. 33162 ORLANDO, FL. 32811

Name and Title: MARQUISE BURON 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: THEOMANA CHERISOL
Address: 13601 N.W. 2AVE
MIAMI, FL. 33168

ARTICLE VII INCORPORATOR

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

Name: MARIE YOLENE PIERRE
Address: 750 N.E. 199 ST
MIAMI FL. 33179

17 SEP -5 AM 10:21
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

Theoman Manuel
Required Signature of Registered Agent

8/30/17
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.

Marie Yolene Pierre
Required Signature of Incorporator

8/30/17
Date