

117000011258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

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STATE  
CLERK OF COURTS  
FLORIDA

APPROVE  
AND  
FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 7, 2017

DR. DIANNE VAN DER MEER  
P.O. BOX 6616  
TALLAHASSEE, FL 32314

SUBJECT: YELLOW CROSS INTERNATIONAL, INCORPORATED  
Ref. Number: W17000089156

We have received your document for YELLOW CROSS INTERNATIONAL, INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 617A00022517

## COVER LETTER

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

SUBJECT: Yellow Cross International, Incorporated  
(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: Dr. Dianne Van der Meer  
Name (Printed or typed)

P.O. Box 6616  
Address

Tallahassee, FL 32314  
City, State & Zip

857-753-7737  
Daytime Telephone number

vandermeer.dianne@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:

Yellow Cross International, Incorporated

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

472 W. Jefferson Street, #304  
Tallahassee, FL 32301

Mailing address, if different is:

P.O. B. 6616  
Tallahassee, FL 32314

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide humanitarian services  
to help build, foster and restore healthy resilient  
communities in times of crises and eminent threats.

upon termination or dissolution of Yellow Cross International, Inc.,  
any assets lawfully available for distribution shall be distributed  
to one or more qualifying organization as described in section 501(c)(3) of the  
Internal Revenue Code.

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

Nomination

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

Name and Title: Dr. Dianne Van der Meer, President

Name and Title:

Address: P.O. B. 6616  
Tallahassee FL 32314

Address:

Name and Title: Pastor Novlett Robinson, Director

Name and Title:

Address: 109 Mason Street  
Salem, MA 01970

Address:

Name and Title: Mr. Leslie E. Barbot, Director

Name and Title:

Address: 3529 Coral Springs  
Drive,  
Coral Springs, FL 33065

Address:

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

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Dr. Dianne Van der Meer  
Address: 472 W. Jefferson Street #304  
Tallahassee, FL 32314

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dr. Dianne Van der Meer  
Address: P.O. Box 6616  
Tallahassee, FL 32314

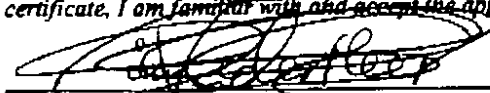
**ARTICLE VIII EFFECTIVE DATE:**

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.)

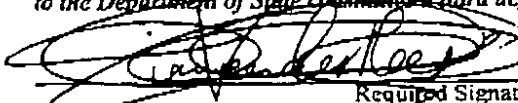
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

11/8/2017  
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

11/8/2017  
Date