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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

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

L'EGLISE D	DE NAZARETH DU 7 EME JOU								
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)								
Enclosed is an original a	and one (1) copy of the Articl	es of Incorporation and	a check for:						
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate						
		ADDITIONAL CO	PY REQUIRED						
FROM:	ORISMA ELIAN								
	Name (Printed or typed)								
	4135 NW 79 TH AVE								
		Address							
	CORAL SPRINGS, FL 33065								

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

954-588-5389

ELIANORISMA1@GMAIL.COM

City, State & Zip

Daytime Telephone number

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

	The corporation shall be:	AZARETH DU 7 EN	ME JOUR AU QUOTIDIEN INC.		
<u>ARTICLE I</u>	I PRINCIPAL OFFICE				
Principal <u>street</u> address: 7836 WEST SAMPLE RD		413	Mailing address, if different is: 4135 NW 79 TH AVE		
CORAL SPRINGS, FL 33065		co	CORAL SPRINGS, FL 33065		
The purpose	III PURPOSE for which the corporation is organized is: WORSHIP, RELATIONSHIP AND SEF	<u> </u>) GROW PASSIONATE FOLLOWI	ERS OF JESUS C	
			AC C	ET CORTUN	
7	WS		ctors are elected and appointed: AS S	ET FORTH IN DEC 28 &H	
. 1	ORISMA ELIAN (P)		ONES FLIAN (VP)	DEC 28 AHII:	
By la	ORISMA ELIAN (P)	<u>CTORS</u>	ONES FLIAN (VP)	DEC 28 AH	
By la	NITIAL OFFICERS AND/OR DIRE ORISMA ELIAN (P)	CTORS Name and Title	ONES ELIAN (VP)	DEC 28 AHII: 2	
BY Q ARTICLE 1 Name and T Address	itle: ORISMA ELIAN (P) 4135 NW 79 TH AVE CORAL SPRINGS, FL 33065 PREVILON PETIT FRERE (VP)	CTORS Name and Title	ONES ELIAN (VP) 4135 NW 79 TH AVE CORAL SPRINGS, FL 33065	DEC 28 AHII: 2	
ARTICLE I Name and T Address	itle: ORISMA ELIAN (P) 4135 NW 79 TH AVE CORAL SPRINGS, FL 33065 PREVILON PETIT FRERE (VP)	CTORS Name and Title Address: Name and Title	ONES ELIAN (VP) 4135 NW 79 TH AVE CORAL SPRINGS, FL 33065	DEC 28 AHII: 2	
By la	itle: PREVILON PETIT FRERE (VP)	CTORS Name and Title Address:	ONES ELIAN (VP) 4135 NW 79 TH AVE CORAL SPRINGS, FL 33065 JEANNE JEAN JACQUES (T)	DEC 28 AHII: 2	
ARTICLE I Name and T Address	INITIAL OFFICERS AND/OR DIRE ORISMA ELIAN (P) 4135 NW 79 TH AVE CORAL SPRINGS, FL 33065 INITIAL OFFICERS AND/OR DIRE ORISMA ELIAN (P) 4135 NW 79 TH AVE CORAL SPRINGS, FL 33065 PREVILON PETIT FRERE (VP) 520 NE 38 TH ST POMPANO BCH , FL 33064	CTORS Name and Title Address: Name and Title	ONES ELIAN (VP) 4135 NW 79 TH AVE CORAL SPRINGS, FL 33065 JEANNE JEAN JACQUES (T) 4135 NW 79 TH AVE CORAL SPRINGS - FL 33065	DEC 28 AHII: 2	
By a ARTICLE I Name and T Address Name and T Address	INITIAL OFFICERS AND/OR DIRE ORISMA ELIAN (P) 4135 NW 79 TH AVE CORAL SPRINGS, FL 33065 INITIAL OFFICERS AND/OR DIRE ORISMA ELIAN (P) 4135 NW 79 TH AVE CORAL SPRINGS, FL 33065 PREVILON PETIT FRERE (VP) 520 NE 38 TH ST POMPANO BCH , FL 33064	CTORS Name and Title Address: Name and Title Address:	ONES ELIAN (VP) 4135 NW 79 TH AVE CORAL SPRINGS, FL 33065 JEANNE JEAN JACQUES (T) 4135 NW 79 TH AVE CORAL SPRINGS - FL 33065	DEC 28 AHII: 2	

Name and Ti	tle: Djorfride Jean Jacques	^ AS) Name and Title	Jeanne Charles(AS)	
Address	7512 NIM 75 th May	Address:	4127 NW 88th Ave	
	Coral Springs,Fl 33065	•	Apt 106 Coral Springs	
			FI ,33065	
Name and Ti	_{tle:} Andre Premier (AT)	Name and Title	,Fabolon Pradel (AT)	
Address	3940 NW 42nd Ave	Address:	6541 SW 8th St	
	Apt 119 Lauderdale	•	Pembrokes Pines	
	Lakes, FI 33319		FI 33023	
ARTICLE V The name an Name: Address:	I REGISTERED AGENT d Florida street address (P.O. Box NOT acception of the street address) Island Services 8079 West Sample Ro		stered agent is:	
	Coral Springs, Fl 3306	55		
Name: Address:	d address of the Incorporator is: Orisma Elian 4135 NW 79TH Ave Coral Springs, FI 3306	 35		
ARTICLE V. Effective date (If an effecti	the control of the co	017 d cannot be mor	(OPTIONAL) re than five days prior or 90 days after the filing.)	
Note: If the document's e	date inserted in this block does not meet the ap ffective date on the Department of State's reco	plicable statutory rds.	filing requirements, this date will not be listed as the	:
Having been certificate, I o	im familiar with and accept the appointment a	of process for the s registered agen	e above stated corporation at the place designated is and agree to act in this capacity	n this
Ro	Clard Famothy Required Signature of Registered		12-22-2017	
I submit this to the Depart	document and affirm that the facts stated here ment of State constitutes a third degree felony o	in are t <mark>rue. I am</mark> as provi <mark>ded for in</mark>	aware that any false information submitted in a docu s.817.155, F.S.	ıment
<u> </u>	alched.		12-22-2017	
	Required Signature of Incorp	orator	Date	