

N18000000431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

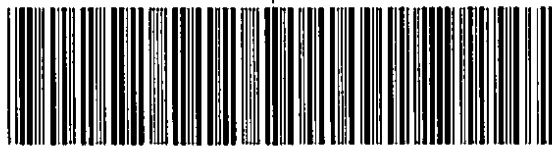
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SECRETARY OF STATE
311 ABASSSEE FLORIDA

COVER LETTER

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

SUBJECT:

SENEVE Foundation 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:

CEDIE ACCUS

Name (Printed or typed)

1506 TROPICAL DR

Address

LAKE WORTH FL 33460

City, State & Zip

(561) 582-8392

Daytime Telephone number

sarah0217@hotmail.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: SEWEVE Foundation Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1506 TROPICAL DR

LAKE WORTH, FL 33460

Mailing address, if different

1506 TROPICAL DR

LAKE WORTH, FL 33460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Help Kids/children in Haiti
by providing food, paying for their education
and Helping in whatever ways they need

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: People will
be appointed every three year in a rotating basis
based on honors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CEDIE ALLUS / President

Address: 1506 TROPICAL DR
LAKE WORTH, FL 33460

Name and Title: Carmelita ALLUS / Secretary

Address: 1506 TROPICAL DR, 150
LAKE WORTH, FL 33460

Name and Title: Gisleine Pierre OTAY / VP

Address: Rue Cornelle #7
Torcelle, Port-Au-Prince
Haiti

Name and Title: FAYEC NORMIL, Vice-President

Address: 1356 Crest Drive
Lake Worth FL FL 33461

Name and Title: _____

Address: _____

Name and Title: _____

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: CEDIE ACCEUS
 Address: 1506 TROPICAL DR
LAKE WORTH, FL 33460

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CEDIE ACCEUS
 Address: 1506 TROPICAL DR
LAKE WORTH, FL 33460

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 6 2018. (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

CEDIE ACCEUS
 Required Signature of Registered Agent

01/06/2018
 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.

CEDIE ACCEUS
 Required Signature of Incorporator

01/06/2018
 Date