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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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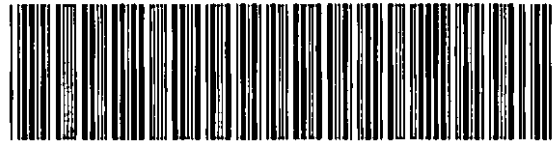
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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EMPOWERING • AMERICA'S • ENTREPRENEURS

Enitia Corporation

315 West Warren, Suite 240

Alex Arter, NJ 08103

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

March 9, 2018

**Re: FamEvent Compassion Agency, Inc.**

Dear Sir or Madam:

Enitia Corporation has been authorized by Gamael Belizaire to file the enclosed Articles for FamEvent Compassion Agency, Inc..

If you need any additional information, you can reach us at

1-877-281-6496 (toll free)  
documents@directincorporation.com

We have enclosed an additional \$8.75 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you,

Enitia Corporation

[www.enitia.com](http://www.enitia.com)

## COVER LETTER

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

**SUBJECT:** FamEvent Compassion Agency, 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:** Shannon Stahlin  
\_\_\_\_\_  
Name (Printed or typed)

315 W Huron St, Ste 240  
\_\_\_\_\_  
Address

Ann Arbor, MI 48103  
\_\_\_\_\_  
City, State & Zip

877-281-6496  
\_\_\_\_\_  
Daytime Telephone number

documents@directincorp.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: FamEvent Compassion Agency, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
6113 Raleigh St. Apt 419

Orlando, FL

32835

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. The specific purpose of the corporation is: Showing compassion and love through action to those who are in need.

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

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

Name and Title: Eunice Francois Dorestil, Director

Address: 11428 NW 49th Dr.  
Coral Sprngs, FL  
33076

Name and Title: Gamael Belizaire, Director

Address: 6113 Raleigh St. Apt 419  
Orlando, FL  
32835

Name and Title: Ribaine R Joseph, Director

Address: 4837 Indialantic Dr.  
Orlando, FL  
32808

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA



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: Gamael Belizaire  
Address: 6113 Raleigh St. Apt 419  
Orlando, FL 32835

**ARTICLE VII INCORPORATOR**

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

Name: Gamael Belizaire  
Address: 6113 Raleigh St. Apt 419  
Orlando, FL 32835

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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*

Gamael Belizaire

Required Signature of Registered Agent

3/8/2018

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.*

Gamael Belizaire

Required Signature of Incorporator

3/8/2018

Date