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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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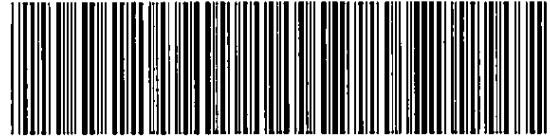
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 27 2018

COVER LETTER

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

SUBJECT: Mon REPOS LOVE FOR EVER, 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: Mytho Celine
Name (Printed or typed)

1251 NE 108th Street Apt 223
Address

Miami FL 33161
City, State & Zip

305-502-6393
Daytime Telephone number

mytho420@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: Man RepO's Love For ever INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

4400 NW 12th ct

LAuderhill FL 33313

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: man repO's love for ever is a organization
that will bring people from man repO together. And to
help the kids to have a better future.

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

elected

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sony Calixte Name and Title: _____

Address: President Address: _____

4400 NW 12th ct

LAuderhill FL 33313

Name and Title: Guasnel Charles Name and Title: _____

Address: vice President Address: _____

4400 NW 12th ct

LAuderhill, FL 3313

Name and Title: Mgtho Celine Name and Title: _____

Address: TREASURER Address: _____

1251 NE 105th st Apt 223

MIAMI, FL 33161

SECRETARY'S SIGNATURE

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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: Mytho eline

Address: 1251 NE 108 St Apt 222

Miami FL 33161

ARTICLE VII INCORPORATOR

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

Name: Sony Calixte

Address: 4400 NW 12th Ct

Lauderhill, FL 33313

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

[Signature]

Required Signature of Registered Agent

7/28/18

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.

Sony Calixte

Required Signature of Incorporator

7-28-18

Date

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DEPARTMENT OF STATE
HALL OF RECORDS
TALLAHASSEE, FLORIDA