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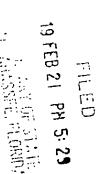
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COVER LETTER

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	ORATE NAMÉ – <u>MUST IN</u>	CLUDE SUFFIX)	
nclosed is an original a S70.00 Filing Fee	and one (1) copy of the Ar S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	a check for: \$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED

FROM:	VILSAINT YVES					
rkowi.	Name (Printed or typed)					
	7214 72ND WAY					
	Address					
	WEST PALM BEACH, FL 33407					
	City, State & Zip					
	561-713-303					
	Daytime Telephone number					
	JADEE.INFOO@YAHOO.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)

rne name or u	ne corporation shall be: CENTER FO			
ARTICLE II			' '	
7214	Principal <u>street</u> address: 72ND WAY	SA	Mailing address, if different is: ME	
WES	T PALM BEACH, FL 33407			
ARTICLE III The purpose for	PURPOSE or which the corporation is organized is:			
To provide rel	ief for the poor, the distressed and of the unc	lerprivileged, to	combat community deterioration	
		_ 		<u>.</u>
ARTICLE IV			petors are elected and appointed:	ws
IRTICLE V	INITIAL OFFICERS AND/OR DIRECTO	ORS	DALENCOURT MARIE E VP	ws
Name and Titl		ORS Name and Title	DALENCOURT MARIE E VP	ws
IRTICLE V	INITIAL OFFICERS AND/OR DIRECTO e: VILSAINT YVES, PRESIDENT	ORS	DALENCOURT MARIE F., VP	ws
Name and Titl	VILSAINT YVES, PRESIDENT 7214 72ND WAY WEST PALM BEACH, FL 33407 PASSE M. MERLANDE, TREASURER	ORS Name and Title	DALENCOURT MARIE F., VP 6 RUE CAMEAU PORT-AU-PRINCE, HAITI DALENCOURT PAUL O MÉMBER	ws
Name and Titl	VILSAINT YVES, PRESIDENT 7214 72ND WAY WEST PALM BEACH, FL 33407 PASSE M. MERLANDE, TREASURER	ORS Name and Title Address: Name and Title	DALENCOURT MARIE F., VP 6 RUE CAMEAU PORT-AU-PRINCE, HAITI DALENCOURT PAUL O MÉMBER	ws
Name and Titl Address	EPASSE M. MERLANDE. TREASURER	ORS Name and Title Address:	DALENCOURT MARIE F., VP 6 RUE CAMEAU PORT-AU-PRINCE, HAITI DALENCOURT PAUL Q. MEMBER 29 BIS RUE ALCIBIADE POMCY DE PORT-AU-PRINCE, HAITI	ws FICED
Name and Titl Address	INITIAL OFFICERS AND/OR DIRECTOR VILSAINT YVES, PRESIDENT 7214 72ND WAY WEST PALM BEACH, FL 33407 PASSE M. MERLANDE, TREASURER 7214 72ND WAY WEST PALM BEACH, FL 33407	ORS Name and Title Address: Name and Title	DALENCOURT MARIE F., VP 6 RUE CAMEAU PORT-AU-PRINCE, HAITI DALENCOURT PAUL Q. MEMBER TO BE SERVE ALCIBIADE POMICY DE SERVE SAINT VMERSON SECRETARY VII SAINT VMERSON SECRETARY	FILE
Name and Titl Address Name and Titl Address	INITIAL OFFICERS AND/OR DIRECTOR VILSAINT YVES, PRESIDENT 7214 72ND WAY WEST PALM BEACH, FL 33407 PASSE M. MERLANDE, TREASURER 7214 72ND WAY WEST PALM BEACH, FL 33407	ORS Name and Title Address: Name and Title Address:	DALENCOURT MARIE F., VP 6 RUE CAMEAU PORT-AU-PRINCE, HAITI DALENCOURT PAUL Q. MEMBER TO BE SERVE ALCIBIADE POMICY DE SERVE SAINT VMERSON SECRETARY VII SAINT VMERSON SECRETARY	FILE

Name and Fith	Altidor Holmer, Member	Name and Title	Thompson Eumene, Member	
Address	135 13TH AVENUE	Address:	53 RUE GAOU GUINOU DELMAS 31	
	RIVIERE BEACH, FL 33404		PORT-AU-PRINCE, HAITI	
Name and Title	»:	Name and Title		
Address		_ Address:		
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acce	atabla) of the raci	stared agent is:	
Name:	VILSAINT YVES	phable) of the regi	scred agent is.	
Address:	7214 72ND WAY			
riddress.	WEST PALM BEACH, FL 3340	 07		
Name:	address of the Incorporator is: VILSAINT YVES 7214 72ND WAY			
	WEST PALM BEACH, FL 334	07		
Effective date.	I EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific an	id cannot be moi	(OPTIONAL) te than five days prior or 90 days after	the filing.)
document's effi	ate inserted in this block does not meet the ap ective date on the Department of State's reco	rede		
Having been n certificate, I an	t familiar with and accept the appointment a	s registered agen.	t and agree to act in this capacity 🧎 🣑	2 =
	Yes Viscourt Required Signature of Registered			<u>열</u>
I submit this do	Required Signature of Registered ocument and affirm that the facts stated here			
to the Departm	ent of State constitutes a third degree felony	as provided for in	s.817.155, F.S.	
	Wes Vi Sant Required Signature of Incor	norator	$\frac{2/15/2019}{}$)
	/ Requires Signature of fileof	porator	Date	