N19000003625

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



700326809967

03/29/19--01017--021 *+73.75

2019 HAR 29 PH 1: 58
SECRETARY OF STATE

APR 0.5 2019

K Brumbley

COVER LETTER

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

\$70.00

Filing Fee

SUBJECT: Le Centre du Royaume de Dieu Internationale, Inc.

& Certified Copy

□ \$87.50

Filing Fee,

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED
FROM: Acto/Phe Acisti/ Name (Printed or typed)
7430 NVV 10th St #201 D
North Lauderdale, FL33068
(954) 253-0357 Daytime Telephone number
E-mail address: (to be used for future annual report notification)

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

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

□ \$78.75

Status

Filing Fee &

Certificate of

٠.	ARTICLES OF INCO In compliance with Chapter 617				
ARTICLE The name (I NAME of the corporation shall be: LE CENTIE O		u In-	toin	ation aline
ARTICLE	II PRINCIPAL OFFICE	<u> </u>	<u> </u>	Cr / //	unomașine
Z	Principal <u>street</u> address: 430 NW10 th St # 201D	Mailing address, if different is:			
	Vorthlanderdale,				
	1 00-1-				
ARTICLE The purpos The r	in purpose e for which the corporation is organized is: 10 pto 0 ughout the world.			od –	
ARTICLE	IV MANNER OF ELECTION The manner in which the case of the Bylan		SECRETARY OF ST		
ARTICLE	V INITIAL OFFICERS AND/OR DIRECTORS		RIDA	: 58	
	EL 33068	North Lauderdale)		
Name and T	Title: Ilieta Cayard, Secreta Fighe and Ti	ile: Blachly ARISHI, Tr	easur	4	
Address	2232 NIN 57 AVE_ Address: Lauderhill, Fl 33313	7430 NW 10 th St #2 North Landerdale, FL 33068	010	O	
Name and T	itle: Ted ROCK, Counselor Name and Ti	tle:			
Address	1511 NN 627 Terrace Address: SunRise, FL 33313				
					

Name and Title:	Name and Title:
Address	Address:
No. 1974	St. 1774
	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: Marie Aristii	
Address. 7430 NW 10th	
North Lauderda	
	35065
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Name: Adolphe Aristi	/
Address: 7430 NVY 10 th	
North Lauderdo	·
OPTICLE VIII - REFECTIVE IS CTC.	· · · · · · · · · · · · · · · · · · ·
Effective date, if other than the date of filing: $3/1$	(9/19 (OPTIONAL)
(If an effective date is listed, the date must be specifi	ic 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 document's effective date on the Department of State's	he applicable statutory filing requirements, this date will not be listed as the records.
certificate, I am familiar with and accept the appointme	vice of process for the above stated corporation at the place designated in this ent as registered agent and agree to act in this capacity
Mul Hust L Required Signature of Regist	2,20,19
I submit this document and affirm that the facts stated to the Department of State constitutes a third degree fet	herein are true. I am aware that any fulse information submitted in a document long as provided for in s.817.155, F.S.
	6.1