

N19000006386

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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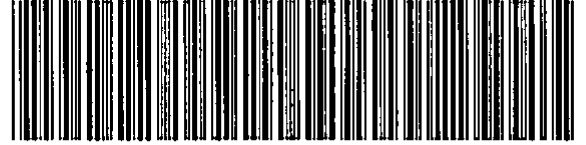
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W19-37388



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2019

JEANNETTE BELLANTON
5353 GRAND BANKS BLVD
GREENACRES, FL 33463

SUBJECT: THE BLESSED MOTHER CHARITY
Ref. Number: W19000037388

We have received your document for THE BLESSED MOTHER CHARITY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 319A00007617

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SECRETARY OF
TALLAHASSEE, FL

2019 JUN 20 PM 4:10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2019

JEANNETTE BELLANTON
5353 GRAND BANKS BLVD
GREENACRES, FL 33463

SUBJECT: THE BLESSED MOTHER CHARITY
Ref. Number: W19000037388

We have received your document for THE BLESSED MOTHER CHARITY and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 219A00008714

I Made some changes and added
some new officers to the
INCORPORATION,
J Bellanton, su

COVER LETTER

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

SUBJECT: THE Blessed Mother CHARITY, INCORPORATION
(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

All Ready Paid
ADDITIONAL COPY REQUIRED

FROM: JEANNETTE BELLANTON
Name (Printed or typed)

5353 GRAND BANKS BLVD
Address

GREENACRES, FL. 33463
City, State & Zip

(561) 806-8379
Daytime Telephone number

bellanton1963@gmail.com
E-mail address: (to be used for future annual report notification)

SECRET
TALLAHASSEE, FL 32314

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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: THE Blessed Mother Charity, INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5353 GRAND BANKS BLVD.
GREENACRES, FL
33463

Mailing address, if different is:

P.O. Box 540401
GREENACRES, FL
33454

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- ① TO PROVIDE HEALTH CARE SERVICES.
- ② TO PROMOTE EMPLOYMENT in the HEALTH CARE DEPARTMENT SERVICES.

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

WAS ELECTED. THEN, THE OFFICERS WAS ELECTED AND
APPOINTED BY THE DIRECTOR.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Jannelle Bellanton, DIR</u>	Name and Title:	<u>MARIE Carme Bellefleur</u>
Address:	<u>5353 GRAND BANKS BLVD</u>	Address:	<u>Officer.</u>
	<u>GREENACRES, FL</u>		<u>28, Rue Impasse des FL</u>
	<u>33463</u>		<u>SAINT MARC, HAITI, HT</u>
Name and Title:	<u>DORNA PINCHINAT, DIR</u>	Name and Title:	<u>EDELIN Bellefleur</u>
Address:	<u>4843 Poseidon Pkwy</u>	Address:	<u>10, Rue NORMIL CHARL</u>
	<u>LAKE WORTH, FL</u>		<u>SAINT-MARC, HAITI</u>
	<u>33463</u>		<u>HT</u>
Name and Title:	<u>SAINTIA HENRY VABNER</u>	Name and Title:	<u>LETICIA FLOREXIL, DIR</u>
Address:	<u>LORMES TOIRE, officer</u>	Address:	<u>10, Rue NORMIL CHARL</u>
	<u>10, Rue NORMIL CHARLES</u>		<u>SAINT-MARC, HAITI</u>
	<u>SAINT-MARC, HAITI</u>		<u>HT</u>
	<u>HT</u>		

Name and Title: JOHANNE JEAN
Address: 10, RUE NORMIL CHARLES
Saint Marc, Haiti
HT

Name and Title: MARCELINE JEAN Baptis
Address: 28, IMPASSE des FLEURS
Saint-Marc, Haiti
HT

Name and Title: DIEULINE PIERRISTE
Address: 28, IMPASSE des FLEURS
Saint-Marc, Haiti
HT

Name and Title: EMMANUEL PIERRISTE
Address: 10, RUE NORMIL CHARLES
Saint-Marc, Haiti
HT

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

Jeannette Bellanton, Agent / Director

Address:

5353 GRAND BANKS BLVD
GREENACRES, FL 33463

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Jeannette Bellanton, Direct

Address:

5353 GRAND BANKS BLVD
GREENACRES, FL 33463

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6/22/19 (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 the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Jeannette Bellanton, Agent
Required Signature of Registered Agent
Jeannette Bellanton

6/22/19
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.

Jeannette Bellanton, Dir
Required Signature of Incorporator
Jeannette Bellanton

6/22/19
Date

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19 JUN 20 AM 9:11
SECRETARY
TALLAHASSEE, FL