

N200000008660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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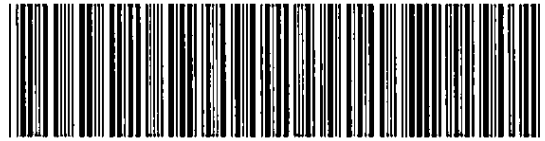
(Business Entity Name)

(Document Number)

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TOLLAHASSSEE, FL
STATE

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COVER LETTER

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

SUBJECT: United Restoration Project of La Gonave, 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: Rene Louis

Name (Printed or typed)

2120 Longwood Rd

Address

West Palm Beach, FL 33409

City, State & Zip

561-502-7347

Daytime Telephone number

Unitedrestorationproject@gmail.com

E-mail address: (to be used for future annual report notification)

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

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DEPT. OF STATE
TALLAHASSEE, FL

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: United Restoration Project of La Gonave, Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
2120 Longwood Rd, West Palm Beach, FL 33409

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To restore, rebuild, and reunite the broken communities of La Gonave
in a positive and productive way. We strive to provide basic necessities such as food, water, shelter, and clothing to those in the area
who are in need.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rene Louis

Address: 2120 Longwood Rd
West Palm Beach, FL 33409

Name and Title: Renel Francois

Address: 1269 NW 123rd Terrace
Pembroke Pines, FL 33026

Name and Title: Princivil Saintil

Address: 727 SW 3rd Avenue
Hallandale Beach, FL 33009

Name and Title: Francilic Vernelus

Address: 9935 NW 61st
Tamarac, FL 33321

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUL 27 PM 4:24

FILED

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: Rene Louis

Address: 2120 Longwood Rd

West Palm Beach, FL 33409

ARTICLE VII INCORPORATOR

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

Name: _____

Address: _____

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TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: July 20, 2020. (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

Rene Louis
Required Signature of Registered Agent

07-20-20
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.

Required Signature of Incorporator

Date