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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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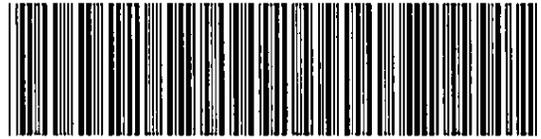
(Business Entity Name)

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TALLAHASSEE, FL

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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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SECRETARY 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 <b>street</b> address: <u>2120 Longwood Rd, West Palm Beach, FL 33409</u>	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: <u>Rene Louis</u>	Name and Title: <u>Renel Francois</u>
Address: <u>2120 Longwood Rd</u>	Address: <u>1269 NW 123rd Terrace</u>
<u>West Palm Beach, FL 33409</u>	<u>Pembroke Pines, FL 33026</u>
_____	_____
Name and Title: <u>Princivil Saintil</u>	Name and Title: <u>Francilic Vernelus</u>
Address: <u>727 SW 3rd Avenue</u>	Address: <u>9935 NW 61st</u>
<u>Hallandale Beach, FL 33009</u>	<u>Tamarac, FL 33321</u>
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

SECRETARY OF STATE  
TALLAHASSEE, FL  
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**FILED**

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
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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

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 TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**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