## Na1000007a83

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

Office Use Only

Jal 6/16/21



900367398879

05. 67/21--01015--015 \*\*76.00

2021 JUIL - 7 PH In 18

## **COVER LETTER**

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

osed is an original and one (1) copy of the Articles of Incorporation and a check for :  \$\begin{align*} \begin{align*} \begin	JECT:	EGLISE BAPTISTE CANAAN INC.			
FROM:    S78.75		(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )			
Filing Fee & Certificate of Status  Filing Fee & Certified Copy Certified Copy & Certificate  ADDITIONAL COPY REQUIRED  FROM:  PASTOR ANDY SAINT-REMY  Name (Printed or typed)  4961 CYPRESS LANE  Address  COCONUT CREEK, FL 33073	osed is an original a	and one (1) copy of the Art	icles of Incorporation and	a check for:	
Certificate of Status  Certificate of & Certified Copy & Certified Copy & Certificate  ADDITIONAL COPY REQUIRED  FROM:  PASTOR ANDY SAINT-REMY  Name (Printed or typed)  4961 CYPRESS LANE  Address  COCONUT CREEK, FL 33073					
FROM:  PASTOR ANDY SAINT-REMY  Name (Printed or typed)  4961 CYPRESS LANE  Address  COCONUT CREEK, FL 33073	Filing Fee		•		
FROM:  PASTOR ANDY SAINT-REMY  Name (Printed or typed)  4961 CYPRESS LANE  Address  COCONUT CREEK, FL 33073			& Certified Copy		
FROM:  Name (Printed or typed)  4961 CYPRESS LANE  Address  COCONUT CREEK, FL 33073			ADDITIONAL CO	PY REQUIRED	
Name (Printed or typed)  4961 CYPRESS LANE  Address  COCONUT CREEK, FL 33073	FROM:	PASTOR ANDY SAINT-REI	ΜΥ	g∓	
COCONUT CREEK, FL 33073	, Kolm			ביי אל	
		Address		,:	
City, State & Zip		COCONUT CREEK, FL 33073			
·		City, State & Zip			
954-818-9369		954-818-9369		•	

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

Daytime Telephone number

FASTFORWARDREALTY@COMCAST.NET

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

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

ARTICLE I The name of	NAME	n shall be:						
<u>ARTICLE I</u>	I PRINCIPAL OFFICE							
47	Principal <u>street</u> address: 01 N STATE ROAD 7	Mailing address, if different is: 4961 CYPRESS LANE						
TA	MARAC, FL 33319	COCONUT CREEK, FL 33073						
ARTICLE I The purpose Status from		exclusively for Church Ministry that will be seeking 501 (c) (3) Tax Exemp						
	W. MANNED OF ELECTION. The more	by the bylaws						
		inner in which the directors are elected and appointed:						
ARTICLE 3	/ INITIAL OFFICERS AND/OR DIRECTOR Spint-Remy Andy / Pastor Director	CTORS  Pierre Lines / Secretary Director						
ARTICLE 1	/ INITIAL OFFICERS AND/OR DIRECTOR Spint-Remy Andy / Pastor Director	CTORS  Pierre Lines / Secretary, Director  Name and Title:  3141 NW 47 Terrace Bldg 3 # 221						
ARTICLE 1	/ INITIAL OFFICERS AND/OR DIRECTIVE: Saint-Remy Andy / Pastor, Director	CTORS  Name and Title: Pierre Lines / Secretary, Director						
Name and T	Saint-Remy Andy / Pastor, Director  4961 Cypress Lane  Coconut Creek, FL 33073  Parfait Heria / Director	CTORS  Name and Title:  Pierre Lines / Secretary, Director  Address:  Address:  Lauderdale Lakes, FL 33319  Report Paule / Assistant Treasurer						
Name and T Address	Saint-Remy Andy / Pastor, Director  4961 Cypress Lane  Coconut Creek, FL 33073  Parfait Heria / Director	Name and Title:  Pierre Lines / Secretary, Director  Address:  Address:  Benoit Paule / Assistant Treasurer  8111 NW 20 Court						
ARTICLE I  ARTICLE I  Name and T  Address  Name and T	itle: Saint-Remy Andy / Pastor, Director  4961 Cypress Lane Coconut Creek, FL 33073  Parfait Herta / Director	Name and Title:  Pierre Lines / Secretary, Director  Address:  Address:  Benoit Paule / Assistant Treasurer  8111 NW 20 Court						
Name and T Address Name and T	Saint-Remy Andy / Pastor, Director  4961 Cypress Lane Coconut Creek, FL 33073  Parfait Herta / Director  4151 NW 11 Ave Oakland Park, FL 33309	Name and Title:    Pierre Lines / Secretary, Director						
Name and T Address Name and T	Saint-Remy Andy / Pastor, Director  4961 Cypress Lane Coconut Creek, FL 33073  Parfait Herta / Director  4151 NW 11 Ave	Name and Title:  Pierre Lines / Secretary, Director  Address:  Address:  Benoit Paule / Assistant Treasurer  Address:  Sunrise, FL 33322						

Name and Title	::	Name and Title:	<del>_</del>	_
Address	<del></del>	Address:		_
				_
Name and Title	D:	Name and Title:		_
Address		Address:		_
				_
ARTICLE VI The name and	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT	acceptable) of the registered agent	ris:	
Name:	Herta Parfait			
Address:	4151 NW 11 Ave		€.	202
	Oakland Park, FL 33309		ይቀ 17 ሁሉ - ማ .	 2021 Juli - 7
ARTICLE VII	INCORPORATOR		-1.	_
	address of the Incorporator is:		<u></u>	P 11
Name:	Pastor Andy Saint-Remy			<del>-</del>
Address:	4961 Cypress Lane		*	G.
	Coconut Creek, FL 33073			
Effective date,	I EFFECTIVE DATE: if other than the date of filing:		TONAL)	on the filing )
Note: If the da document's eff	e date is listed, the date must be speci- ite inserted in this block does not meet ective date on the Department of State	the applicable statutory filing request records.	uirements, this date will not	be listed as the
Having been n certificate, I am	amed as registered agent to accept set familiar with and accept the appointm	vice of process for the above sta ent as registered agent and agree	ited corporation at the place to act in this capacity	t designated in thi.
Horts Parkad Required Signature of Register			06/02/2021	
	Required Signature of Regis	tered Agent	Date	
I submit this do the Department	cument and affirm that the facts stated t of State constitu <del>tes a t</del> hird degree felor	herein are true. I am aware that a ny as provided for in s.817.155, F., /)	ny false information submitt S.	ed in a document to
	X Jane X	//	06/02/2021	
-	Required Signature of	Incorporator	Date	