

N21000011560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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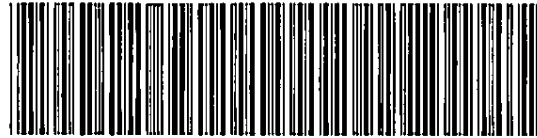
(Business Entity Name)

(Document Number)

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OCT 01 2021

COVER LETTER

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

SUBJECT: MOUNTAIN OF FAITH FOR HAITI 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: 365 BIZ FILING INC

Name (Printed or typed)

2550 OKEECHOBEE BLVD., SUITE C

Address

WEST PALM BEACH, FL 33409

City, State & Zip

561-513-7929

Daytime Telephone number

INFO@365BIZFILING.COM

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

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: MOUNTAIN OF FAITH FOR HAITI INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
429 N WARE DRIVE
WEST PALM BEACH, FL 33409

Mailing address, if different is:
429 N WARE DRIVE
WEST PALM BEACH, FL 33409

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A FAITH BASED ORGANIZATION FOCUSED ON ENHANCING THE QUALITY OF LIFE FOR THE HAITIAN PEOPLE THROUGH LOCAL COMMUNITY ACTION.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>SIMONE OFELIN, P</u>	Name and Title:	<u>LOUIS J BAPTISTE, VP</u>
Address	<u>429 N WARE DRIVE</u> <u>WEST PALM BEACH, FL 33409</u>	Address:	<u>429 N WARE DRIVE</u> <u>WEST PALM BEACH, FL 33409</u>
Name and Title:	<u>JIMMY J BAPTISTE, VP</u>	Name and Title:	<u>MERCILINE OFELIN, VP</u>
Address	<u>429 N WARE DRIVE</u> <u>WEST PALM BEACH, FL 33409</u>	Address:	<u>429 N WARE DRIVE</u> <u>WEST PALM BEACH, FL 33409</u>
Name and Title:	<u>NANCY CORVIL, VP</u>	Name and Title:	<u>MICHELEINE TALEGRAND, VP</u>
Address	<u>429 N WARE DRIVE</u> <u>WEST PALM BEACH, FL 33409</u>	Address:	<u>429 N WARE DRIVE</u> <u>WEST PALM BEACH, FL 33409</u>

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: BAPTISTE CONSULTING LLC

Address: 3028 CORRIB DRIVE

TALLAHASSEE, FL 32309

ARTICLE VII INCORPORATOR

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

Name: 365 BIZ FILING INC

Address: 2550 OKEECHOBEE BLVD., STE C

WEST PALM BEACH, FL 33409

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Required Signature of Registered Agent

9-30-21
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

9-30-21
Date