

12/15/21, 7:14 PM

Division of Corporations

**N21000014251**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000456590 3)))



H210004565903ABC%

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : BRYTEBRIDGE CONSULTING, LLC  
Account Number : I20200000117  
Phone : (407)278-1552  
Fax Number : (407)857-9309

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION****Rapha Holistic Care, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

**COVER LETTER**

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

**SUBJECT:** Rapha Holistic Care, 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:** Elysee Edmond

Name (Printed or typed)

6836 Moorhen Circle

Address

Orlando, Florida 32810

City, State & Zip

(407) 925-6581

Daytime Telephone number

drelyseedmond@hotmail.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: Rapha Holistic Care, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
6836 Moorhen Circle

Mailing address, if different is:

Orlando, Florida 32810

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: related to mental and physical health, health prevention, promotion, and education in Florida and Haiti.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: as set forth in the bylaws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Elysee Edmond, President/CEO

Address: 6836 Moorhen Circle  
Orlando, Florida 32810

Name and Title: Small Roxanne, Director

Address: 6836 Moorhen Circle  
Orlando, Florida 32810

Name and Title: Penina Edmond Joseph, Director

Address: 6836 Moorhen Circle  
Orlando, Florida 32810

Name and Title: Lemaitre Tilus, Treasurer/Director

Address: 6836 Moorhen Circle  
Orlando, Florida 32810

Name and Title: Lee Marverick, Secretary/Director

Address: 6836 Moorhen Circle  
Orlando, Florida 32810

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

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

2021 DEC 15 PM 2:37

FBI - MIAMI

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: Elysee Edmond \_\_\_\_\_

Address: 6836 Moorhen Circle \_\_\_\_\_

Orlando, Florida 32810 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**The **name and address** of the incorporator is:

Name: Elysee Edmond \_\_\_\_\_

Address: 6836 Moorhen Circle \_\_\_\_\_

Orlando, Florida 32810 \_\_\_\_\_

**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*

Elysee Edmond  
Required Signature of Registered Agent

12/15/2021

\_\_\_\_\_  
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.*

Elysee Edmond  
Required Signature of Incorporator

12/15/2021

\_\_\_\_\_  
Date

Rapha Holistic Care, Inc.  
Articles of Incorporation Attachment

ADDITIONAL PROVISIONS

The Corporation is organized exclusively for charitable, religious, educational and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as an exempt organization under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

No part of the net earnings of the organization shall inure to the benefit of, or be distributed to its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the corporation shall consist of the carrying on of propaganda or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in, any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other purposes not permitted to be carried on (a) by an organization exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

The property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person.

Upon dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or state or local government for public purpose. Any such asset not so disposed of shall be disposed of by the Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purpose or to such organization or organizations as said Court shall determine, which are organized and operated exclusively for such purposes.