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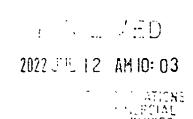
COVER LETTER

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

MISSION EV	MISSION EVANGELISATION CHRETIENNE (MEC) 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:	JOEE LOUIS				
T KOW.	Name (Printed or typed)				
	144 Preston Avenue				
	Address				
	Davenport FL 33837				
	City, State & Zip				
	203 428-8583				
	Daytime Telephone number				
	joellouis38@gmail.com				
•	F-mail address: (to be used for future annual report notification				

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



June 23, 2022

JOEL LOUIS 144 PRESTON AVENUE DAVENPORT, FL 33837

SUBJECT: MISSION EVANGELISATION CHRETIENNE(MEC) INC

Ref. Number: W22000084892

We have received your document for MISSION EVANGELISATION CHRETIENNE(MEC) INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

APPLICATION IS INCOMPLETE,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Hyacinth LeBlanc Regulatory Specialist II

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6052 and press 4. Your call will see answered in the order it is received.

Hyacinth LeBlanc
ANNUAL REPORTS SECTION

New Filing Section

Letter number: 322A00014187

Letter Number: 322A00014187

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

	ne corporation shall be: MISSION EVA		
ARTICLE II	PRINCIPAL OFFICE		
144	Principal <u>street</u> address: PRESTON AVE	Mailing address, if different	is:
DAV	/ENPORT		
FLO	RIDA 33837		
The purpose f	PURPOSE or which the corporation is organized NAND SKILL TRAINING.	is:TO BUILD COMPREHENSIVE SOCIAL SERVICE N	MEDICAL,
TO BUILD, I	EADIDNG TO SELF SUSTAINING	AND LONG TERM INDEPENDANCE AS WELL AS T	O CONTRIBUTE
TO THE EN	HANCEMENT OF A HEALTHY AN	D ACTIVE SOCIETY, AND PERSONAL LIFE.	,
	MANNER OF ELECTION The	manner in which the directors are elected and appointed:	mmittee members
Name and Titl	INITIAL OFFICERS AND/OR DI Ie:		FILE D
Name and Titl	INITIAL OFFICERS AND/OR DE JOEL LOUIS 144 PRESTON AVE DAVENPORT	Name and Title:	FILE P
Name and Titl	INITIAL OFFICERS AND/OR DE Ie: 144 PRESTON AVE DAVENPORT FLORIDA 33837 ILILIANNE BUISSERETH STATEORD, CT	Name and Title:	PILEL PH 1: 26

Name and Title	LUCIENNE TOUZE	Name and Title	TREASURER	
	FLORIDA			
Name and Title Address	JOSIANE CHARLOT MONROE, CT		SECRETARY	
	REGISTERED AGENT Florida street address (P.O. Box NOT ac JOEL LOUIS 1441 PRESTON AVE	eceptable) of the regis	stered agent is:	
The <u>name and</u> :	DAVENPORT FL 33837 INCORPORATOR address of the Incorporator is: JOEL LOUIS		TALLAHASSEE, FLORIDA	エニ
Name: Address:	144 PRESTON AVE DAVENPORT FL 33837		SEE, FLOR	2 TT T T T T T T T T T T T T T T T T T
Effective date, (If an effective Note: If the da		e applicable statutory	(OPTIONAL) re than five days prior or 90 days after to the second secon	the filing.)
Having been n certificate, I um	amed as registered agent to accept servi familiar with and accept the appointmen	t as registered agent		
	cument and affirm that the facts stated be of State constitutes a third degree felony Required Signature of Inc	as provided for in s.	ware that any false information submitted 817.155, F.S. 7 - 4 - 2 Date	_