

N23000013312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

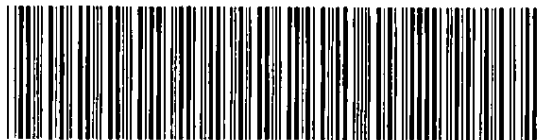
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COVER LETTER

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

SUBJECT: Desjardins Vision 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: Derline Desjardins
Name (Printed or typed)

1045 Grove Park Circle
Address

Boynton Beach, FL 33436
City, State & Zip

561-599-0729
Daytime Telephone number

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

ARTICLE I NAME

The name of the corporation shall be: Desjardins Vision INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1045 Grove Park
circle, Boynton
Beach, FL, 33436

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To bring together the
Haitian Community in the area to
work towards a unison goal, which is
to render aid to Haiti. Collaborate with
local churches as well to support and
work together. Goal is to provide basic
Necessities to those in need in Haiti.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Election

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Vice
President

Name and Title: Desir Desjardins Name and Title: V. Sec. Myrlaine Blanc

Address: 1045 Grove Park Address: 1045 Grove Park
Park Circle, Boynton circle, Boynton
Beach, FL 33436 Beach FL, 33436

1st
Secretary

Name and Title: Sec. Danisha Desjardins Name and Title: _____

Address: 1045 Grove Park Address: _____
circle, Boynton
Beach, FL 33436

President

Name and Title: Decline Desjardins Name and Title: _____

Address: 1045 Grove Park Circle Address: _____
Boynton Beach FL 33436

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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:

Derline Desjardins

Address:

1045 Grove Park
Circle, Boynton Beach, FL 33436

ARTICLE VII INCORPORATOR

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

Name:

Derline Desjardins

Address:

1045 Grove Park
Circle, Boynton Beach, FL 33436

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

Derline Desjardins

Required Signature of Registered Agent

10-23-23

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.

Derline Desjardins

Required Signature of Incorporator

10-23-23

Date

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