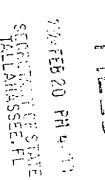
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

3 Jour Gras Organiza	ition Inc.		
Please Debit FCA0000	000003 For: 78.75	-	
Thank you Seth Neels	ey		
Staf		Art of Inc. File	
		LTD Partnership File	
		Foreign Corp. File	
		L.C. File	
		Fictitious Name File	
		Trade/Service Mark	
		Merger File	
		Art, of Amend, File	
		RA Resignation C	
		Dissolution / Withdrawal 25 cy 22	_
		Annual Report / Reinstatement	
		Cert. Copy St. 20	
		Photo Copy Cartificate of Good Standing	
		Certificate of Good Standing	
		Certificate of Status	
		Certificate of Fictitious Name	
		Corp Record Search	
1.		Officer Search	
		Fictitions Search	
Signature		Fictitious Owner Search	
		Vehicle Search	
		Driving Record	
Requested by:		UCC 1 or 3 File	
Name	Date Time	UCC 11 Search	
		UCC II Retrieval	
Walk-In	Will Pick Up	Courier	

COVER LETTER

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

3 Jour Gras Organization Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)					
nclosed is an original a	and one (1) copy of the Ar	ticles 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 CO	DPY REQUIRED		
FROM:	EPGD Attorneys at Law, P.A	me (Printed or typed)	_		
777 SW 37th Ave, STE 510		me (rimed or typed)		: 2:	
	Miami, FL 33135	Address	- LAHAS	755 20	
7868376787		City, State & Zip		π, Ξ.: .:	
		ime Telephone number		-3	
	eric@epgdlaw.com				

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

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

AKTICLE.	II PRINCIPAL OFFICE				
Principal <u>street</u> address: 4532 Suburban Pine Dr.			Mailing address, if different is:		
l.a —	ke Worth, FL 33463				
celebrate ar	id appreciate the annual festivities of Hair	ti. Our mission is to pr	I festivities to all who are willing to discover, rediscover romote our culture by structuring the Showbiz insustry		
-			rents, and creating a reliable structure for event planning		
Due to the o	current state of Haiti, the "3 Joure Organiz	ration" has decided to l	host the "3 Joure Gras" event for the Haitian Diaspora		
who will be	unable to return home anytime soon. The	e organization would d	o so in order to provide a platform that promotes		
Haitian cul	tural festivities in the United States and ar	round the world, while	allowing Haitian Americans to feel as close to		
home as po	essible.				
· ·	IV MANNER OF ELECTION The n	nanner in which the dir	ectors are elected and appointed:		
ARTICLE	V INITIAL OFFICERS AND/OR DIR		ectors are elected and appointed:		
ARTICLE ARTICLE Name and	V INITIAL OFFICERS AND/OR DIR Title: Renette Pierre, President		Tanisha Vilbert, Vice-President		
ARTICLE ARTICLE Name and	V INITIAL OFFICERS AND/OR DIR	RECTORS	Tanisha Vilhert, Vice-President		
ARTICLE ARTICLE Name and Tandaress	INITIAL OFFICERS AND/OR DIR Title: Renette Pierre, President 4532 Suburban Pine Dr. Lake Worth, FL 33463 Dominique Gibson, Secretary	RECTORS Name and Title	Tanisha Vilbert, Vice-President 7801 N Federal HWY BLDG 10-206 CT Boca Raton, FL, 33487 Claudel Paul Theagene, Director Florida		
ARTICLE ARTICLE Name and The Address Name and The Address	INITIAL OFFICERS AND/OR DIR Title: Renette Pierre, President 4532 Suburban Pine Dr. Lake Worth, FL 33463 Dominique Gibson, Secretary	Name and Title Address:	Tanisha Vilbert, Vice-President 7801 N Federal HWY BLDG 10-206 C Boca Raton, FL, 33487 Claudel Paul Theagene, Director		
ARTICLE Name and Tandress Name and Tandress	INITIAL OFFICERS AND/OR DIR Title: Renette Pierre, President 4532 Suburban Pine Dr. Lake Worth, FL 33463 Title: Dominique Gibson, Secretary	Name and Title Address: Name and Title	Tanisha Vilbert, Vice-President 7801 N Federal HWY BLDG 10-206 C Boca Raton, FL, 33487 Claudel Paul Theagene, Director 6588 Country Winds CV		
ARTICLE Name and The Address Name and The Address	INITIAL OFFICERS AND/OR DIR Title: Renette Pierre, President 4532 Suburban Pinc Dr. Lake Worth, FL 33463 Title: Dominique Gibson, Secretary 260 Northern Avenue, Apt. 7G	Name and Title Address: Name and Title Address: Address: Address:	Tanisha Vilbert, Vice-President 7801 N Federal HWY BLDG 10-206 C Boca Raton, FL, 33487 Claudel Paul Theagene, Director Flores 6588 Country Winds CV Lake Worth, FL, 33463		
ARTICLE Name and The Address Name and The Address	INITIAL OFFICERS AND/OR DIR Title: Renette Pierre, President 4532 Suburban Pine Dr. Lake Worth, FL 33463 Title: Dominique Gibson, Secretary 260 Northern Avenue, Apt. 7G Avondale Estates, GA, 30002	Name and Title Address: Name and Title Address: Address: Address:	Tanisha Vilbert, Vice-President 7801 N Federal HWY BLDG 10-206 C Boca Raton, FL, 33487 Claudel Paul Theagene, Director 6588 Country Winds CV		

Name and Titl	e:	Name and Title:	
Address			
3.7 (m).4			
Name and Title	e:	Name and Title:	
Address		Address:	
			
	REGISTERED AGENT	S	
the <u>name and</u>		OT acceptable) of the registered agent i	S:
Name:	Renette Pierre		
Address:	4532 Suburban Pine Dr.		
	Lake Worth, FL 33463		
	<u>INCORPORATOR</u>		
The name and	address of the Incorporator is:		
Name:	Renette Pierre		
Address:	4532 Suburban Pine Dr.		
	Lake Worth, FL 33463		
ARTICLE VII	I_EFFECTIVE DATE:		<u>.</u> .;
		(OPTI	ONAL)
(If an effective	e date is listed, the date must be sp	ecific and cannot be more than five	days prior or 90 days after the filing.)
Note: If the da	ate inserted in this block does not me	et the applicable statutory filing requ	irements, this date will not be listed as the
	fective date on the Department of Sta		
		service of process for the above state tment as registered agent and agree to	ed corporation at the place designated in this
1 -4	- P -	0 0	M T
Keretz	Required Signature of Re		2-13-24
	Required Signature of Re	gistered Agent	Date
		ed herein are true. I am aware that an clony as provided for in s.817.155, F.S	y false information submitted in a document to
0	4. P.		
1anch	Required Signature	of Incorporator	2 -/3 - 2 4 Date
		· · r ·	·· +-+