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BECHEVANT OF STATE TALLAHASSEE, FLORIDA

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

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SUBJECT:	B <u>ethesda</u>	Complexe Me (Proposed corpor	edical Outreach	n Inc. illix)	······································		
Enclosed is a	n original and o	nc(1) copy of tl	ne articles of incorpo	ration and a check	for ;		
	\$70.00 Filing Fcc	Filing Fee & Certificate		\$131.25 Filing Fee, Certified Copy & Certificate			
FROM: Sandra L. Koch Name (Printed or typed)							
440 South Federal Hwy. Ste 109 Address							
	Deerfiel	d Beach, F	1. 33441 y, State & Zip	·····	١٠		
	<u>305/725</u> _	9500 offi Daytime	Ce Telephone number		PH 12399		
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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida

Statutes, adopt(s) the following Articles of Incorporation:

SECRETARY 17 PM 2: 38

SECRETARY 07 STATE
TALLAHASSEE, FLORIDA

ARTICLE I Name

The name of the corporation shall be:

Bethesda Complexe Medical Outreach Inc.

ARTICLE II

Principal place of business and mailing address

The principal place of business and mailing address of this corporation shall be:

440 South Federal Hwy. #109-B Deerfield Beach, Fl. 33441

ARTICLE III Purpose(s)

The specific purpose(s) for which the corporation is organized is(are):
As a missions outreach:
To improve the social, economic and physical well being of the poor and ill by providing continual assistance to hospitals located in Haiti. Help is given regardless of race, creed or religious affiliation.

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

As stated in the By Laws: The Directors of these Articles of Incorporation shall be four (4) of the original members of the corporation. Additional members may be appointed by the Corporation President, for a term of (2) two years. The two year term may be dissolved by agreement of three of the four original subscribers of the Corporation.

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617,0302, Florida Statutes, unless limited are as follows:

The Corporation shall have all corporate powers permitted under (State) law and shall be specifically precluded from engaging in any prohibited activities as defined in Florida statutes.

ARTICLE VI

Initial registered agent and street address

The name and the street address of the initial registered agent is:

Sandra L. Koch 440 South Federal Hwy. # 109-B Deerfield Beach, Fl. 33441

ARTICLE VII

. Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation

VII.1). is(arc): Rev.Hector Champagne, 1790 NE 126 St/#D-431, Miami, Fl. 33181

Mrs. Marie Champagne, 1790 NE 126 St./#D-431, Miami, Fl. 33181

Rev. Jean C. LaFortune, 2159 Portland Ave., Wellington, Fl. 33414

Sandra L. Koch, 440 So. Federal Hwy #109, Deerfield Bch, Fl. 33441

VII.2). The period of Duration of the Corporation shall have perpetual existence. In the event of dissolution of this Corporation, no part of the Corporation's assets shall be inure to the benefit of any member but shall have instead be distributed to charitable organizations in the U.S. selected by the final Board of Directors of the Corporation which organization must qualify as a charitable organization under Section 170

* The undersigned incorporator has executed these Articles of Incorporation this 3rd cay of May

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Signature of Incorporator:

REV Huter SEC

Rev. Hector F. Champagne, Pres.

Typed name of incorporator signing

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE 96 MAY 17 PH 2: 38

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

. The name of the	ne corporation is:	
Bethesda (Complexe Medical Outreach Inc. (must include suffix)	
2. The name and	address of the registered agent and office is:	
	Sandra L. Koch (NAME)	
	440 South Federal Hwy. #109 - B (P.O. Box or Mail Drop Box NOT ACCEPTABLE)	
•	Deerfield Beach, Fl. 33441 (Crty/State/ZIP)	•

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Sand, (wh. 5-3-96)
(SIGNATURE) (DATE)