

PO3000 112919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

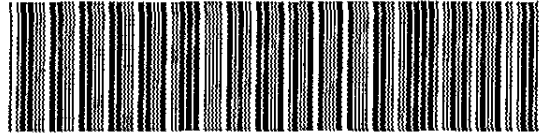
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: TOUSSAINT LOUVERTURE CENTER, 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

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: TOUSSAINT LOUVERTURE CENTER INC
Name (printed or typed)

7823 NE 2ND AVE

Address

MIAMI FLORIDA 33138

City, State & Zip

(305) 7576600 / (305) 7514002

Daytime Telephone number

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

ARTICLES OF INCORPORATION

OF

TOUSSAINT LOUVERTURE CENTER INC

The undersigned subscriber(s) to these Articles of Incorporation, competent to contract, hereby form(s) a corporation under the laws of the State of Florida.

ARTICLE I: NAME

The name of the corporation shall be: TOUSSAINT LOUVERTURE CENTER INC

The principal place of business of this corporation shall be:

7823 NE 2ND AVE, MIAMI FLORIDA 33138

ARTICLE II: NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United states, the State of Florida, or any other state, county, territory or nation.

TO PROMOTE COMMUNITY ACTIVITIES

ARTICLE III: CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time of 1,000 shares of common stock having a par value of \$100 per share.

IT IS A NON-PROFIT ORGANIZATION.

ARTICLE IV: REGISTERED AGENT AND OFFICE

The street address of the initial registered office of the corporation shall be:

7823 NE 2ND AVE, MIAMI FLORIDA 33138

and the name of the initial registered agent of the corporation at that address is:

OSNI EUGENE

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TALLAHASSEE, FLORIDA
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ARTICLE V: TERM OF EXISTENCE

This corporation is to exist perpetually.

PERPETUALLY

ARTICLE VI: OFFICERS AND DIRECTORS

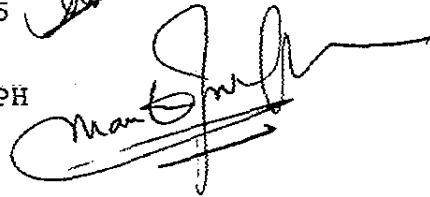
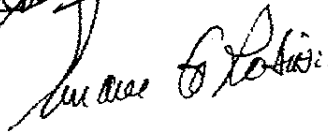
This corporation shall have officers and director(s), initially. The name(s) and street address(es) of the initial officer(s) and director(s) who shall hold office for the first year of the corporation, or until their successor is elected, are:

DR OSNI EUGENE
DR ERMANE ROBIN
MRS MARIE M DOLE
DR MARC ANTOINE JOSEPH

ARTICLE VII: SUBSCRIBER(S)

The name(s) and street address(es) of the subscriber(s) to these Articles of Incorporation are:

- 1) DR OSNI EUGENE
8520 SHERATON DR
MIRAMAR FL 33025
- 2) DR ERMANE ROBIN
320 NW 185 TER
MIAMI FLORIDA 33169
- 3) MRS MARIE M. DOLE
8024 SW 21 CT
MIRAMAR FLORIDA 33025
- 4) DR MARC ANTOINE JOSEPH
12429 WEST DIXIE HWY
MIAMI, FLORIDA 33161



**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

1. The name of the corporation is: TOUSSAINT LOUVERTURE CENTER INC


2. The name and address of the registered agent and office is:

OSNI EUGENE
(NAME)

7921 NE 2ND AVE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI FLORIDA 33168
(CITY/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.


(SIGNATURE)

09/29/03
(DATE)

IN WITNESS WHEREOF, the undersigned subscriber(s) has (have) executed these Articles of Incorporation this _____, 2002.



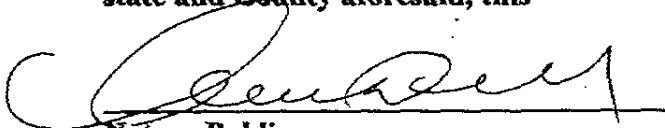
Incorporator(s)

STATE OF FLORIDA
COUNTY OF _____

Before me, a notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared,

known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and he (she) acknowledged before me that he (she) (they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and County aforesaid, this _____ Day of _____, 2002.



Notary Public

My Commission expires:

9/26/06



Emmanuel Dubois
My Commission DD148554
Expires September 26, 2006

(SEAL)

I hereby accept designation of Registered Agent.



Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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