

PO4000118514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

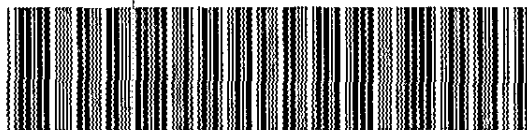
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300038190723

07/01/04--01022--015 \*\*87.50

SECRET  
DIVISION  
04 AUG 16 AM 11:00

94-25706

**TRANSMITTAL LETTER**

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

**SUBJECT:** L'UNION FAIT LA FORCE, INC

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are 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 of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** \_\_\_\_\_  
MAX-OLIVIER CARRÉ  
Name (Printed or typed)  
\_\_\_\_\_  
2614 NW 99TH AVENUE  
Address  
\_\_\_\_\_  
CORAL SPRINGS, FL, 33065  
City, State & Zip  
\_\_\_\_\_  
954-755-2931  
Daytime Telephone number

04 AUG 16 AM 11:00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### **ARTICLE I NAME**

The name of the corporation shall be:

L'UNION FAIT LA FORCE, INC

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

4164 INVERARYDRIVE, LAUDERHILL,FL 33319

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

L'Union Fait La Force, INC is a community-based corporation, which sole purpose is to improve the quality of life of humanity through wealth, health, and educational programs. We do this through the leadership in both deprived and affluent sectors, in which the group brings in an exclusive set of capabilities. This compels us to grow aggressively in focused areas of business.

### **ARTICLE IV SHARES**

The number of shares of stock is:

37 shares

### **ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Max-Olivier Carré C.E.O.  
Karen I. McDonnough President  
Carole Pierre-Antoine M.D. VP  
2614 NW 99th Avenue  
Coral Springs, FL 33065

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Max-Olivier Carré  
2614 NW 99th Avenue  
Coral Springs, FL 3306

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Max-Olivier Carré  
2614 NW 99th Avenue  
Coral Springs, FL 3306

\*\*\*\*\*  
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

Signature/Registered Agent

Signature/Incorporator

08/13/2004

Date

08/13/2004

Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 AUG 16 AM 11:01