

P11000042077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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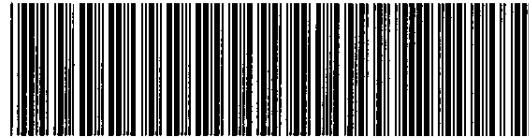
(Business Entity Name)

(Document Number)

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11 APR 29 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRS  
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2011 042077

## COVER LETTER

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

SUBJECT: TIMOUN SE MOUN, 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: Claudette Altieri  
Name (Printed or typed)

450 NW 101 St

Address

Pembroke Pines, FL 33026

City, State & Zip

954.394.4450

450 NW 101 St Telephone number

CAltieri@yahoo.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

APR 29 PM 1:01  
DIVISION OF CORPORATIONS

April 13, 2011

CLAUDETTE AUGUSTIN ALTIERI  
450 NW 101 TERRACE  
PEMBROKE PINES, FL 33026

SUBJECT: TIMOUN SE MOUN, INC.  
Ref. Number: W11000020891

We have received your document for TIMOUN SE MOUN, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 311A00009023

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

**FILED**  
11 APR 29 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

**TIMOUN SE MOUN, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

450 NW 101 St

PEMBROKE PINES, FL 33026

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of the organization is to serve as a bridge for children implicated in the justice system in Haiti. It will appropriate itself of halfway homes that will be "centers of refuges" for such young persons up to 17 years old. Those juveniles will be recruited and placed in those "homes" separated by gender and age. During their passage, appropriately trained social workers will assess their needs and provide them with the care their individual case requires for their readjustment and reintegration within the society. They will remain under care prior to and after a verdict has been reached. Those who will be acquitted will continue to receive regular supervision and, in case of condemnation, the organization will advocate for them to be placed in appropriate juvenile incarceration centers where they might continue to attend school or learn a trade depending on their age - under its aegis.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

According to by-laws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Max Henry Achille, Chair

Address: 171 marguerite Avenue  
Floral Park, NY 11001

Name and Title: Linda Cesar, Vice Chair

Address: 12824 SW 31 St  
Miramar, FL 33027

Name and Title: Donald Altieri, Secreary/Treasurer

Address: 4668 SW 183 Avenue  
Miramar, FL 33029

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Claudette Altieri

Address: 450 NW 101 St  
Pembroke Pines, FL 33026

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jonas Georges

Address: 102 NW 109 St  
Miami Shores, FL 33168

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TALLAHASSEE FLORIDA

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

Claudette Altieri  
Required Signature of Registered Agent

4/25/2011  
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.

Jonas Georges  
Required Signature of Incorporator

11/21/2011  
Date