

P15000014889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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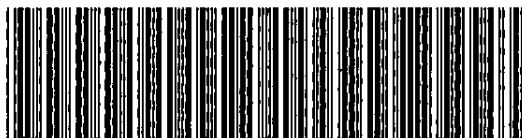
(Business Entity Name)

(Document Number)

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

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15 FEB 10 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

VH

**COVER LETTER**

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

SUBJECT: Radio SHalom of Tampa, 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: FRANCOIS EDOUARD  
Name (Printed or typed)

535 19<sup>th</sup> St NW  
Address

Ruskin FL 33570  
City, State & Zip

813 610 7920  
Daytime Telephone number

RADIOSHALOMOTAMPA@gmail.com  
E-mail address: (to be used for future annual report notification)

**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: RADIO SHALOM OF TAMPA, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6024 US 41 APOLO BEACH  
FL 33572

P.O. BOX 8071  
TAMPA FL 33674

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: RADIO STATION TO NEWS,  
EDUCATION TO THE COMMUNITY TAMPA BAY AREA  
SPECIALLY TO THE HAITIAN COMMUNITY. BIBLE  
EDUCATION, TEACHING CHRISTIANITY TO THE YOUTH AND  
THE ADULTHOOD.

**ARTICLE IV SHARES**

The number of shares of stock is: 2

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

Name and Title:	<u>FRANCOIS EDWARD</u>	Name and Title:	<u>FRANCOIS EDWARD</u>
Address	<u>535 19<sup>th</sup> ST NW</u>	Address:	<u>6024 US 41</u>
	<u>RUSKIN FL 33570</u>		<u>APOLO BEACH FL 33572</u>
	<u>CEO</u>		<u>MANAGED</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 FEB 10 AM 8:59

APPROVED  
AND  
FILED

APPROVED  
AND  
FILED

15 FEB 10 AM 8:50

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

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

Address \_\_\_\_\_

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: \_\_\_\_\_

FRANCOIS EDOUARD

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

535 19th St NW  
RUSKIN FL 33570

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: \_\_\_\_\_

FRANCOIS EDOUARD

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

535 19th St NW  
RUSKIN FL 33570

*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*

*Francois Edouard*

Required Signature/Registered Agent

2/2/15

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

*Francois Edouard*

Required Signature/Incorporator

2/2/15

Date